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ABSTRACT

The student guide on the problem of Acquired Immune Deficiency Syndrome (AIDS) contains specific information on what AIDS is, the size of the problem, how it is transmitted, and how it can be prevented. The accompanying instructor's guide presents the goals of AIDS education and a five-session lesson plan. Learning opportunities are offered to reinforce the personal health behaviors and attitudes emphasized in the student guide. The instructor's guide also contains test questions, handouts, and student worksheets. (JD)

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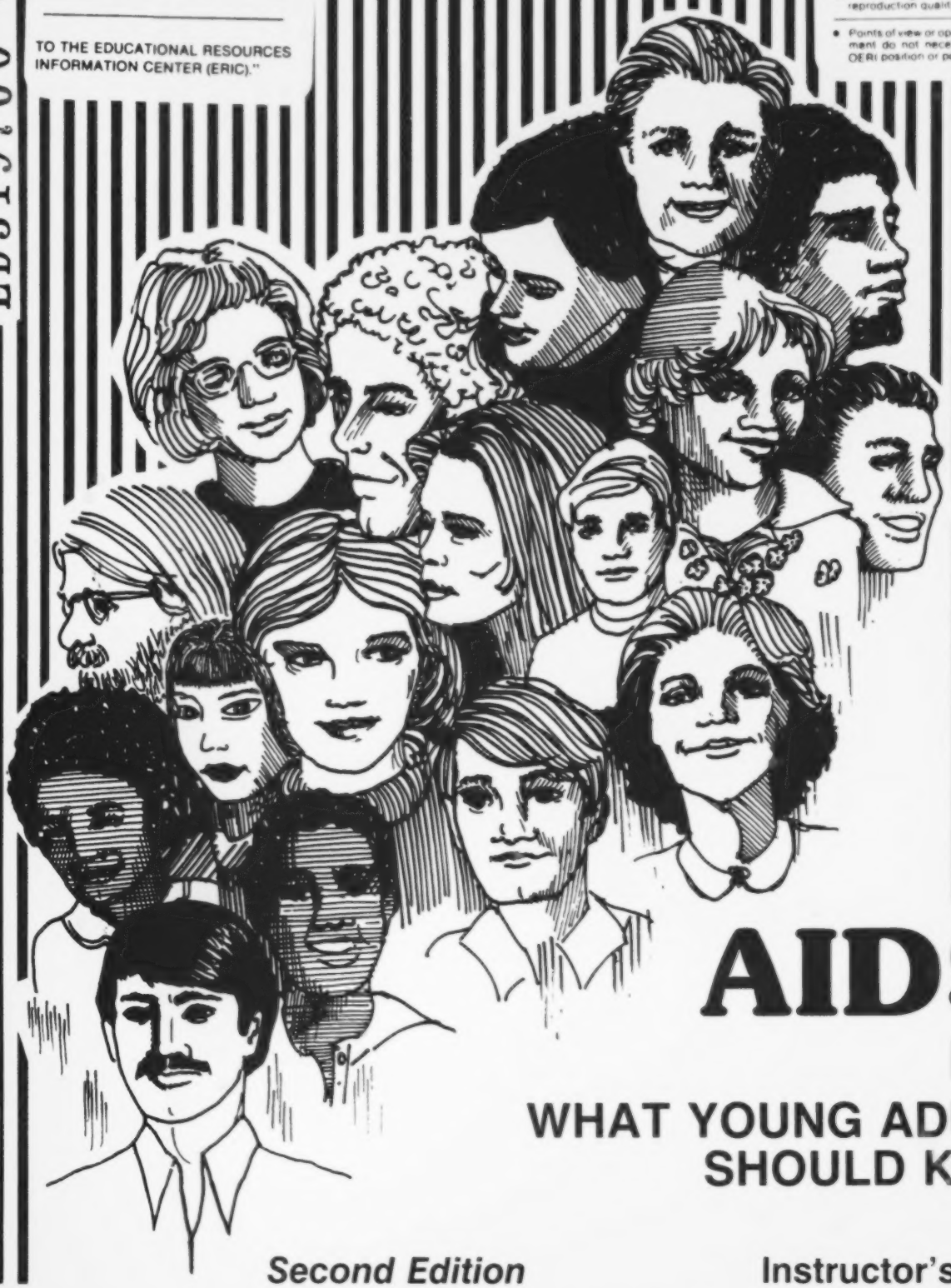

# AIDS:

## WHAT YOUNG ADULTS SHOULD KNOW

*Second Edition*

**Instructor's Guide**

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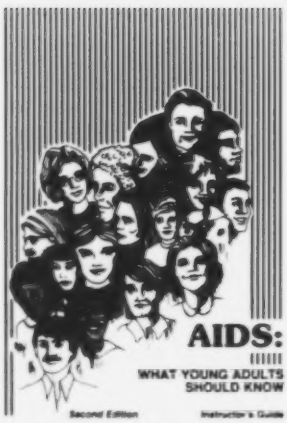


# AIDS: WHAT YOUNG ADULTS SHOULD KNOW INSTRUCTOR'S GUIDE

*Second Edition*

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**Bloomington, Indiana**

**A Project of the**
**Association for the Advancement of Health Education**
**an association of the**
**American Alliance for Health, Physical Education,**
**Recreation, and Dance**

**Scientific Assistance Provided by the**
**Division of Adolescent and School Health**
**Center for Chronic Disease Prevention and Health Promotion**
**Centers for Disease Control**

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This second edition was prepared in accordance with CDC's "Guidelines for Effective School Health Education To Prevent the Spread of AIDS". In addition, it follows recommendations of the Presidential Commission on the Human Immunodeficiency Virus Epidemic. The primary source for statistical information was CDC's *Morbidity and Mortality Weekly Report*.

Special appreciation for this edition goes to the AAHE AIDS Education Project Materials Review Panel and the Project Advisory Board. Along with CDC, these groups reviewed the document for scientific accuracy, curricular approach, and multicultural sensitivity. The Project Materials Review Panel consisted of health education advisors, public school teachers, professional preparation faculty, and parents. The Project Advisory Board included representatives of the American College of Preventive Medicine, American Home Economics Association, American School Health Association, Association of Teacher Educators, National Association for Bilingual Education, National Association of Biology Teachers, National Coalition of Hispanic Health & Human Services Organizations, and National Organization of Black County Officials.

This publication is designed to be used with grades 7-12. It may be usable for young adults above grade 12.

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Reston, Virginia 22091

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Bylaws, Article III

# PREFACE

Human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS) have become a most serious health problem. The number of AIDS cases is increasing in the United States and many nations of the world. Since there is no cure for the condition, most persons who develop AIDS eventually die. Further, there is no vaccine to protect individuals from becoming infected with HIV.

The present lack of a vaccine or cure for HIV infection makes prevention the only control strategy. Persons must be informed about the behaviors that can result in infection and motivated to avoid such behaviors. Since school attendance is a universal experience of young people, HIV/AIDS education in the classroom is a valuable component in efforts to promote preventive behaviors. Effective education about preventing HIV infection needs to be provided in school to young persons before they are faced with behavioral decisions that will determine their risk of HIV infection.

This instructor's guide has been prepared to complement the student guide, *AIDS: WHAT YOUNG ADULTS SHOULD KNOW*. The instructor's guide begins by presenting the goals of school HIV/AIDS education and a five-session lesson plan. Chapter 2 presents 15 learning opportunities. These learning opportunities reinforce the personal health behaviors and attitudes emphasized in the student guide. Five different types of test questions are presented in Chapter 3. Appendix A contains handouts which can be reproduced for students, and Appendix B contains student worksheets for use with the learning opportunities.

This curriculum is designed primarily for use at the secondary school level, in junior high schools and senior high schools.

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# CHAPTER 1

# HIV/AIDS EDUCATION AND SUGGESTED LESSON PLAN

## GOAL OF HIV/AIDS EDUCATION

Education about HIV infection and AIDS, like instruction about other sexually transmitted diseases (STD), should prepare individuals to protect themselves and others from infection. That is, following instruction, students should be able to eliminate or reduce their risk of HIV infection.

A widely accepted principle of health education is that instruction to help people adopt healthy behaviors should improve important knowledge, attitudes, and skills. This curriculum was developed to reflect this principle.

### 1. ACCURATE AND RELEVANT KNOWLEDGE

Many STD curricula have emphasized the biomedical aspects of these diseases. Less attention was given to the health behaviors. But most medical facts are not necessary to providing students the knowledge needed to avoid infection. The current philosophy of STD and HIV/AIDS education emphasizes information about how to avoid infections with the germs that cause the diseases, what to do once an infection or disease is suspected/diagnosed, and what can be done to help stop the spread of STD and HIV.

For HIV/AIDS instruction in particular, *emphasis should be on the personal behaviors that put an individual at risk for acquiring HIV and on the behaviors that help an individual avoid infection.* Schools should ensure that students receive at least the essential information summarized for appropriate grade ranges in the Centers for Disease Control's "Guidelines for Effective School Health Education To Prevent the Spread of AIDS."*

### 2. ATTITUDES CONDUCIVE TO HEALTH PROMOTION

Attitudes have a strong influence on an individual's health behavior. This is particularly true about HIV/AIDS and STD because of negative social attitudes many people have developed toward these diseases. Education about HIV infection should be directed toward student acceptance of the possibility of exposure to the virus and the need to avoid and/or reduce the risk of infection. HIV/AIDS education also needs to help the students assume responsibility for their own health and the health of others.

### 3. SKILLS

Instruction should provide rehearsal of preventive behaviors. Many behavioral skills that can be useful in avoiding HIV infection can actually be practiced in the classroom. For example, appropriate decision making, communication, and problem-solving skills can be practiced.

## FEATURES OF THIS CURRICULUM

The instructional emphasis of the student guide is on personal preventive behaviors. Further, myths about HIV transmission are discussed and students are encouraged to be advocates for HIV prevention

* Centers for Disease Control (1988). Guidelines for Effective School Health Education To Prevent the Spread of AIDS. *Morbidity and Mortality Weekly Report*, supplement, 37, 5-8. Available upon request from the National AIDS Information Clearinghouse, P.O. Box 6003, Rockville, MD 20850, (301) 251-5642.

efforts. The material is divided into five sections:

- AIDS: What It Is
- HIV/AIDS: The Size of the Problem
- HIV: How It Is Transmitted
- HIV Infection: How It Can Be Prevented
- HIV/AIDS: What Else I Need to Know

Students can be assigned to read the student guide outside the classroom, but class activities should be used to enhance understanding of the important concepts. Knowledge and attitude questions in pretests (called Self-Test I and Self-Test II) can assist in this process. The same self-tests can be taken again after completing the book to determine if the text affected knowledge and attitude. Important textual concepts are reinforced at the end of the text through review questions, a problem-solving situation, and prevention skills activities.

The text was written to accommodate the reading ability of the majority of secondary school students. To enhance student comprehension, key words are in bold print when they first appear in the text, indicating that the word is found in the glossary.

The student guide also includes two other features:

- A form for listing sources of local AIDS/STD information is provided on the inside front cover. A copy of the form, which can be reproduced and given to students, is included in Appendix A of this guide.
- A summary of major HIV/AIDS concepts is provided at the end of the book. A copy of this summary is included in Appendix A for duplication.

## IMPLEMENTING THE AIDS EDUCATION CURRICULUM

To be most effective, HIV/AIDS education should be provided within the framework of comprehensive school health education. Comprehensive school health education is a planned, sequential instructional program, grades K-12, which includes a variety of health topics. The program is structured so that learning in the upper grades builds upon learning attained in the earlier grade levels. The needs of the local community, the state, and nation should be reflected in the program. Comprehensive school health education should be presented by teachers who are adequately prepared in the subject area.

More specifically, four major areas should be addressed before implementing this curriculum. Attention to teacher characteristics and learning environment, resources, community involvement, and coordination of curriculum with existing STD/health education will enhance the effectiveness of HIV/AIDS education.

### 1. TEACHER CHARACTERISTICS AND LEARNING ENVIRONMENT

The teacher should be able to create a safe environment in which students can discuss the topic freely. Further, the teacher should be able to lead group activities, and be able to communicate with students with ease, sensitivity, tact, and in an objective, factual manner.

### 2. RESOURCES

New information concerning the medical and social aspects of HIV infection appears almost daily. Even though the related health behaviors are not changing, new scientific data will continue to become available. The instructor must keep current about HIV and AIDS. Up-to-date information is available from health departments, hotlines, and other resources listed on pages 4-6 of this guide.

### 3. COMMUNITY INVOLVEMENT

Most communities have a strong interest in school health education about HIV infection and AIDS. They generally support instruction, but are often concerned about the exact course content. This curriculum was written to be accepted by a broad spectrum of communities. Efforts were made to discuss the material discreetly and tactfully, as well as to be scientifically objective.

The curriculum should be discussed with parents and representatives of the local community. Community involvement in determining the appropriateness of content presented in this curriculum is strongly suggested. An HIV/AIDS education curriculum committee may be helpful in recommending a school HIV/AIDS education policy.

The local or state departments of education and health may be able to provide assistance in helping school officials, parents, and other community lead-

ers to determine the best and most appropriate HIV/AIDS instruction.

Students should be encouraged to share their guide with parents. This process can address some of the concerns, fears, and questions that parents may have.

## 4. COORDINATION OF CURRICULUM WITH EXISTING STD/HEALTH EDUCATION

Even though the problem of HIV infection has become very serious, HIV/AIDS education should not be in isolation from STD education. Other STD and AIDS should be taught as one unit. A young adult is much more likely to be affected by an STD other than HIV. There were 350,000 cases of STD reported last year in the United States in persons under age 25. These data can be used to demonstrate the extent to which HIV-related, high-risk behaviors are prevalent among young adults.

The lesson plan for this curriculum suggests five class sessions. Five additional sessions could be devoted to other STD. An STD curriculum that emphasizes preventive health behaviors, such as *STD: A Guide for Today's Young Adults**, could be adopted.

This AIDS curriculum is modeled after that STD curriculum, which also includes student and teacher's guides. The STD curriculum suggests a five-session lesson plan that includes activities and learning opportunities similar to this AIDS curriculum. The curricula could easily be used together.

The discussion of decision making related to HIV is enhanced when HIV/AIDS education occurs with school health education about other behaviors that influence health. Likewise, the important behavior messages can be reinforced if HIV/AIDS education is also integrated into science, home economics, social studies, or other instruction. HIV/AIDS education can be presented within the communicable disease unit if a school does not have a comprehensive school health education program. Such schools might want to use the integration of HIV/AIDS education into the curriculum as an opportunity to begin serious consideration of adding a comprehensive school health education program.

* For a description and ordering information contact: American Alliance Publications, 1900 Association Drive, Reston, VA 22091, (703) 476-3481.

## 5. PRESENTING HIV/AIDS EDUCATION IN MULTICULTURAL SETTINGS

There are substantial differences in knowledge about AIDS among different ethnic groups, as demonstrated by a 1988 study of adolescents in San Francisco high schools.* This study found that White adolescents knew more than Black adolescents about the cause, transmission, and prevention of AIDS; and Black adolescents were more knowledgeable than their Hispanic peers. Black and Hispanic adolescents were about twice as likely as White adolescents to have misconceptions about the transmission of the virus.

Thus, it is extremely important that the content of HIV/AIDS education and the techniques used to present it are selected with consideration of the *entire range* of needs among various students in the learning setting. When presenting HIV/AIDS education activities in settings where students come from a variety of ethnic and religious backgrounds, a number of issues may be important to consider. Issues that emerged from field testing *AIDS: What Young Adults Should Know* with multicultural student and teacher populations follow:

- The basic facts about HIV infection and AIDS that are presented in class should remain the same, regardless of the range of ethnic backgrounds that may be present.
- Age-related differences in language, lifestyle, and personal experience may be more critical in addressing young members of minority groups than cultural differences.
- There is no need to separate ethnic groups or use different teaching materials for different groups in the same school setting. To do so might inappropriately suggest that culture or race is related to the transmission of the disease.
- There are few famous Black Americans who have AIDS or have died of AIDS that Black students seem to know.
- Black churches can play a more prominent role in HIV/AIDS education in partnership with schools.
- Hispanics do not view homosexuality the same as the White community, and this difference in perception has implications for HIV/AIDS prevention and education.

* DiClemente, R.J., Bayer, C.B., and Morales, E.S. (1988). Minorities and AIDS: Knowledge, Attitudes, and Misconceptions among Black and Latino Adolescents. *American Journal of Public Health, 78*, 55-57.

- Information about Hispanics who have either died or are HIV positive may have an important impact on the behavior of Hispanic youth.

In addition to the above issues, the following more general educational issues may be important to consider before presenting HIV education to students from a variety of backgrounds:

- It may be helpful to emphasize particular content to meet specific needs of youth. The presentation of HIV/AIDS education should take into consideration the educational needs brought about by differences among students as well as their environment, family life, personal lifestyle, attitudes, and values.
- To meet the HIV/AIDS information needs of students, an instructor can gather data or do a needs assessment with the help of other educators, members of the community, or the students themselves. Such data and assessment information can help the instructor to modify the content and approach to meet student needs.
- Discussion of sexual behavior and drug use are complicated and controversial topics. It is important that teacher bias and prejudice not come into the classroom to further complicate the presentation of HIV/AIDS prevention information. Community values concerning these issues should be considered and reflected in the classroom discussion.
- It is important to be sure that the content of HIV education is appropriate for the developmental level of the students being taught. HIV/AIDS education should be consistent with school policy.
- Because youth generally are not concerned with dying and death, information about the risk of death will probably not be very influential.
- Both the teacher and student share responsibility for mutual understanding, but the teacher must often facilitate the understanding by providing an atmosphere of acceptance. The greatest reception to educational messages may come when the messages provide acceptance for the unique differences that may exist among students and between the students and the teacher in a classroom or school.
- Print material may be effectively enriched through the use of various audiovisual presentations and supplemental materials that have been prepared with different ethnic and religious groups in mind.
- It is important to present material in a manner that is not condescending or biased and that encourages communication and understanding.

The basis for being able to accomplish an atmosphere of acceptance in a classroom comes from a thorough understanding of the setting in which we are teaching. Below are two activities that may be useful in establishing an atmosphere of acceptance:

1. To provide for common understanding, use class discussion to share different views about attitudes, values, behaviors, and terminology that may exist within the class or community. This common or "community" understanding is important in establishing an atmosphere of acceptance even though what each student takes away from the class discussion may be unique.

2. Invite people from the community to join the class in the discussion suggested above to enlarge the perspective being presented.

## HIV/AIDS EDUCATION RESOURCES

Several national resources are available to assist teachers in presenting HIV/AIDS education. These resources can provide current facts about the HIV epidemic, educational materials, and teaching strategies. A few national organizations publish journals or newsletters that often list current materials and professional preparation opportunities, and feature articles about HIV infection.

In addition to your state or local health departments, the following listed resources may be useful:

### NATIONAL HOTLINES

National AIDS Information Line
1-800-342-AIDS (English-speaking)
1-800-344-SIDA (Spanish-speaking)
1-800-AIDSTTY (hearing-impaired)

National Institute on Drug Abuse
1-800-662-HELP

National Gay and Lesbian Crisis Line
1-800-767-4297

## NATIONAL CLEARINGHOUSE

National AIDS Information Clearinghouse
P.O. Box 6003
Rockville, MD 20850
(800) 458-5231

## COMPUTERIZED BIBLIOGRAPHIC DATABASE

AIDS School Health Education Subfile on the Combined Health Information Database (CHID)
Contains programs and curricula; health policies, regulations, and guidelines; and materials for schools. Managed by the U.S. Public Health Service.

BRS Information Technologies, Div. of Maxwell Online
8000 Westpark Drive, McLean, VA 22102
1-800-468-0908

## NATIONAL ORGANIZATIONS

American Association of School Administrators
1801 North Moore Street
Arlington, VA 22209
(703) 528-0700

American College Health Association
1300 Piccard Drive, Suite 200
Rockville, MD 20850
(301) 963-1100

American Federation of Teachers
555 New Jersey Avenue NW
Washington, DC 20007-3852
(202) 879-4548

American Foundation for AIDS Research
1515 Broadway, Suite 3601
New York, NY 10036
(212) 719-0033
(The AIDS Information Resources Directory)

American Medical Association
535 North Dearborn Street
Chicago, IL 60610
(312) 645-5334

American Red Cross
National Headquarters
17th and E Streets NW
Washington, DC 20006
(202) 737-8300

American School Health Association
P.O. Box 708
Kent, OH 44240
(216) 678-1601
(Journal: *Journal of School Health*)

Association for the Advancement of Health Education
An association of the American Alliance for Health, Physical Education, Recreation, and Dance
1900 Association Drive
Reston, VA 22091
(703) 476-3437
(Journal: *Health Education*)

Center for Population Options
1012 14th Street NW, Suite 1200
Washington, DC 20005
(202) 347-5700

Council of Chief State School Officers
Resource Center on Educational Inquiry
400 North Capitol Street NW, Suite 379
Washington, DC 20001
(202) 393-8159

ETR Associates
P.O. Box 1830
Santa Cruz, CA 95061-1830
1-800-321-4407
(Catalog on AIDS and Family Life Education Material)
(Journal: *Family Life Educator*)

Hispanic AIDS Forum
121 Avenue of the Americas, Suite 505
New York, NY 10013
(212) 966-6336

Minority Task Force on AIDS
National Council of Churches
475 Riverside Drive, Room 572
New York, NY 10115
(212) 870-2385

National Association of People with AIDS
2025 I Street NW, Suite 1118
Washington, DC 20006
1-800-338-2437

National Association of State Boards of Education
701 North Fairfax Street, Suite 340
Alexandria, VA 22314
(703) 522-6473

National Coalition of Advocates for Students
100 Boylston Street, Suite 737
Boston, MA 02116-4610
(617) 357-8507

National Coalition of Hispanic Health and Human Services Organizations
1030 15th Street NW, Suite 1053
Washington, DC 20005
(202) 371-2100

National Commission on Correctional Health Care
2105 N. South Port, Suite 200
Chicago, IL 60614
(312) 528-0818

National Education Association
100 Colony Square, Suite 200
Atlanta, GA 30361
(404) 875-8819

National Network of Runaways and Youth Services, Inc.
1400 Eye Street NW, Suite 330
Washington, DC 20005
(202) 682-4114

National Organization of Black County Officials
440 First Street NW, Suite 500
Washington, DC 20001
(202) 347-6953

The National PTA
700 North Rush Street
Chicago, IL 60611
(312) 787-0977

National Rural and Small Schools Consortium
National Rural Development Institute
Miller Hall 359, Western Washington University
Bellingham, WA 98225
(206) 676-3576

National School Boards Association
1680 Duke Street
Alexandria, VA 22314
(703) 838-6765

San Francisco AIDS Foundation
333 Valencia Street, 4th Floor
San Francisco, CA 94103
(415) 864-4376
(AIDS Educator: *A Catalog of AIDS Educational Material*)

Sex Information and Education Council of the United States
New York University
32 Washington Place
New York, NY 10003
(212) 673-3850
(SIECUS Information Service and Library)
(Newsletter: *SIECUS Report*)

## NEWSLETTERS

*AIDS Alert*
American Health Consultants
67 Peachtree Park Drive, NE
Atlanta, GA 30309
(404) 351-4523

*The AIDS/HIV Record*
BIODATA Publishers
P.O. Box 66020
Washington, DC 20035-6020
(202) 393-AIDS

*AIDS Targeted Information Newsletter*
Williams & Wilkins
428 E. Preston Street
Baltimore, MD 21202
(800) 638-6423

*AIDS Literature & News Review*
University Publishing Group
107 East Church Street
Frederick, MD 21701
(800) 654-8188

*Morbidity and Mortality Weekly Report*
National AIDS Information Clearinghouse
P.O. Box 6003
Rockville, MD 20850
(301) 251-5642

## SUGGESTED LESSON PLAN

The unit is designed for five class sessions, or about 250 minutes. The plan incorporates learning opportunities (LOs) with sections of the student guide. The activities are listed in a suggested sequence, but the exact manner in which they should be completed is left to the teacher's discretion. Teachers are encouraged to use class discussion rather than lecture as the primary instructional strategy.

The amount of discussion time used for each activity and the choice of LO and optional activities should be based on students' grade level and maturity. Directions for completing each LO are found in Chapter 2.

When this curriculum is taught at more than one grade of the same school system, teachers should communicate about which LOs are offered at each level. Most of the activities of the suggested lesson plan should be conducted at each level. However, the difference would mainly reflect which LO is chosen where two choices are presented in the lesson plan.

Some teachers have suggested that having students develop a creative message about HIV/AIDS would be an exciting conclusion to the unit. For example, students could write and perform a rap song, ballad, or skit, or design a poster.

## LESSON PLAN

### Session 1

1. Read Introduction
2. Complete and discuss Self-Tests I and II
3. Assignment:
   - HIV/AIDS Prevention Skills Activity #4 from Student Guide for session 2
   - LO13 for session 4
   - (Optional) HIV/AIDS Prevention Skills Activities #1-3 for session 4
4. Reading period: students read text of guide

### Session 2

1. LO1 or LO2
2. LO10
3. HIV/AIDS Prevention Skills Activity #4

### Session 3

1. LO3 or LO4
2. LO7 or LO8
3. (Optional) LO9
4. (Optional) Distribute and discuss handout, Guidelines for Condom Use, from Appendix A of this guide.

### Session 4

1. LO6 or LO11
2. LO12
3. LO13
4. (Optional) HIV/AIDS Prevention Skills Activities #1-3

### Session 5

1. LO5
2. LO14 or LO15
3. (Optional) Self-Tests I and II
4. Read HIV/AIDS Summary Sheet

# CHAPTER 2

## LEARNING OPPORTUNITIES

This chapter includes a variety of learning opportunities (LOs) designed to reinforce material in the student guide. Fifteen LOs are provided to accommodate the levels of student maturity and academic sophistication ranging from junior high school to senior high school. Some LOs require worksheets, which are located in Appendix B.

The LOs follow the basic emphasis of the student guide, stressing personal behaviors related to HIV prevention rather than biomedical information. The LOs are action-oriented and involve knowledge, attitude, and skill. Activities involving decision making, communication strategies, values discussion, and problem solving are included.

Before using any LO the teacher should become thoroughly familiar with its purpose and how it is used. The teacher must decide which LO will be assigned as homework and which will be completed in class. Likewise, the teacher must plan ahead for the provision of needed materials, such as worksheets.

## INDEX OF LEARNING OPPORTUNITIES


*Number* *Page*

1 ATTITUDE CONTINUUM ..... 13
Students indicate their views toward issues associated with HIV/AIDS by choosing a point along an attitude continuum line.

2 UNFINISHED SENTENCES ..... 14
Students indicate their views toward issues associated with HIV/AIDS by completing unfinished sentences.

3 UNCLE BILL'S ADVICE COLUMN ..... 15
Students, pretending they are Uncle Bill, suggest a solution to HIV/AIDS problems presented in letters sent to his column.

4 PROBLEM SITUATIONS ..... 18
Students solve specific HIV/AIDS problems by providing information for each step of a decision-making sequence.

5 TALKING ABOUT HIV AND AIDS PREVENTION ..... 21
Students create a communication model for talking about preventing HIV transmission and practice using the model with another student.

6 NEGOTIATING CONFLICTS IN RELATIONSHIPS ..... 22
Students use a model for both avoiding and reducing risk of HIV infection.

7 SEXUAL RESPONSIBILITY ..... 23
Students answer questions about sexual responsibility.

8 HANDLING PRESSURES TO HAVE SEX ..... 24
Students answer questions about pressure to have sex and create and practice refusal lines.

9 DEALING WITH INTRAVENOUS DRUG USE ..... 25
Students answer questions about avoiding intravenous drug use.

10 ASSESSING BEHAVIORAL RISKS FOR HIV INFECTION ..... 26
Students indicate whether or not a person can become HIV-infected from certain behaviors, and whether certain behaviors can elimate or reduce the chance of infection.

11 PROMOTING RESPONSIBLE ROLE MODELS ..... 27
Students answer questions about how one can be a responsible role model and practice persuading another person to avoid risky behaviors.

12 HELP SOURCES ..... 28
Students answer questions concerning HIV/AIDS help sources, practice locating help in the telephone book, and practice persuading a person to get counseling and testing.

13 UNANSWERED QUESTIONS ..... 28
An individual, or a small group of students, collects questions not answered during the unit and calls a local AIDS hotline or the local health department.

14 HIV/AIDS BASKETBALL ..... 29
Students, divided into two "basketball" teams, compete to score the most points by correctly recalling HIV/AIDS information from the student guide.

15 ELIMINATING BARRIERS TO THE PREVENTION OF HIV INFECTION ..... 32
Using the Nominal Group Technique, students identify barriers that may keep them from practicing behaviors that prevent HIV infection, and create solutions for eliminating the barriers.

## LEARNING OPPORTUNITY #1

### Attitude Continuum

#### Purpose:

To assist students in examining their attitudes toward issues related to HIV infection and AIDS.

#### Objective:

The student will indicate his or her viewpoint about situations related to HIV infection and AIDS.

#### Materials:

Worksheet 1
Pencil

#### Time:

15 - 30 minutes

#### Procedure:

1. The teacher should use discretion in choosing this attitude learning opportunity, based on school and community views toward class activities dealing with personal attitudes and values. The teacher should consider the following standard instructional strategies for such exercises:
   A. No student should be required to share his or her views with others.
   B. To ensure anonymity, names should not be placed on the worksheets.
   C. Student participation should be voluntary and unrelated to the student's class grade.
   D. Any views expressed should not be labeled by the teacher. Discussion should examine attitudes that enhance the control of HIV infection.
   E. The activity should be suited to the particular group of students. (For example: Are the students mature enough to handle this activity? Is there sufficient trust within the classroom for open discussion?)
2. Each student should be given Worksheet 1. The student is to indicate his or her views concerning each item and why the position was taken (optional). The teacher must decide and subsequently *inform* students if the "why" part of each item should be completed.
3. The teacher may choose to have a small group and/or entire class discussion following the completion of the items, respecting the right of each student to choose whether to share his or her views. The teacher may decide instead to replace class discussions with time for individual student reflection.
4. To get a better understanding of the overall view toward the items, the teacher may want to collect the worksheets, summarize the views, and follow with class discussion of the results. The teacher should recognize, however, that collecting papers may keep some students from being honest in responding and might be construed as an invasion of privacy. The activity may be suited for some classes and unsuited for others. If papers are to be collected, the students should be informed ahead of time that their names should not appear.

## Unfinished Sentences

### Purpose:

To assist students in examining their attitudes toward issues related to HIV infection and AIDS.

### Objective:

The student will indicate his or her viewpoint concerning situations related to HIV infection and AIDS.

### Materials:

Worksheet 2
Pencil

### Time:

10 - 20 minutes

### Procedure:

1. The teacher should use discretion in choosing this attitude learning opportunity, based on school and community views toward class activities dealing with personal attitudes and values. The teacher should consider the following standard instructional strategies for such exercises:
   A. No student should be required to share his or her views with others.
   B. To ensure anonymity, names should not be placed on the worksheets.
   C. Student participation should be voluntary and unrelated to the student's class grade.
   D. Any views expressed should not be labeled by the teacher. Discussion should examine attitudes that enhance the control of HIV infection.
   E. The activity should be suited to the particular group of students. (For example, are the students mature enough to handle this activity? Is there sufficient trust within the classroom for open discussion?)
2. Each student should be given Worksheet 2. After reading the first part of the unfinished sentence, the student is to write in what he or she thinks would complete each sentence.
3. The teacher may choose to have a small group and/or entire class discussion following the completion of the items, respecting the right of each student to choose whether or not to share his or her views. The teacher may decide instead to replace class discussions with time for individual student reflection.
4. To get a better understanding of the overall class view toward the items, the teacher may want to collect the worksheets, summarize the views expressed, and follow with class discussion of the results. The teacher should recognize, however, that collecting papers may keep students from being honest in responding and might be construed as an invasion of privacy. The activity may be suited for some classes and unsuited for others. If papers are to be collected, the students should be informed ahead of time that their names should not appear.

## LEARNING OPPORTUNITY #3

### Uncle Bill's Advice Column

#### Purpose:

To provide rehearsal in solving problems related to HIV infection and AIDS.

#### Objectives:

The student will describe the solution to a situation concerning:

1. The surest way of avoiding HIV infection. (Letter 1)
2. A monogomous couple's chance of getting HIV/AIDS. (Letter 2)
3. The confidentiality of the HIV-antibody test results. (Letter 3)
4. The decision of a woman who is infected with HIV regarding pregnancy. (Letter 4)
5. Interacting with a friend who has AIDS. (Letter 5)

#### Materials:

Worksheet 3
Student Guide
Paper and pencil

#### Time:

10 - 15 minutes per letter

#### Procedure:

1. The teacher should provide a copy of Worksheet 3 to each student and describe the activity's purpose and strategies for completion.
2. The activity can be completed by an individual or a small group of students. The latter may be advisable since verbal interaction enhances learning.
3. The student should provide a solution to the situation on his or her own paper.

#### Correct Answers

Suggested responses are provided following each letter. Students' answers do not need to match the suggested responses word for word to be considered correct. Space for adding other possible answers that emerge during the activity is provided.

## LETTER 1

*Dear Uncle Bill:*
*I've read that people die when they are diagnosed with AIDS, and that the number of AIDS cases is growing very rapidly. I don't want to take any chances of getting AIDS. What's the surest way I can keep from getting HIV infection or AIDS?*

*For-Sure Sam*

Dear For-Sure Sam:
AIDS is caused by a virus passed during sexual intercourse or by sharing intravenous needles and syringes. So, the surest way to avoid becoming infected is 1) not to have sexual intercourse until you are an adult and able to establish a mutually faithful relationship with an uninfected person, and 2) not to use or share intravenous drug needles or syringes.

Uncle Bill

## LETTER 2

*Dear Uncle Bill:*
*Because of all the publicity about AIDS, I've become very afraid of getting it. My boyfriend and I have sex with each other only, and we don't use intravenous drugs. What's my chance of getting AIDS?*

*Afraid Alice*

Dear Afraid Alice:
You probably won't ever get AIDS if your partner was not infected with human immunodeficiency virus (HIV) when you started having sex with him, and 1) you never have sex with anyone else, 2) he never has sex with anyone else, and 3) both of you never use intravenous drugs. Do you think your relationship can meet these conditions? If not, you can reduce your risk by breaking off the relationship, or either abstaining from sex or drug use or using condoms.

Uncle Bill

## LETTER 3

*Dear Uncle Bill:*
*I have had sex with someone who has practiced high-risk behavior. Is it possible I might have been exposed to the AIDS virus? I'd like to get tested, but I'm worried that if the results are positive, they might not be kept private.*

*Worried Wilma*

Dear Worried Wilma:
Yes, it is possible you were exposed to the human immunodeficiency virus (HIV) which causes AIDS. You are smart in wanting to discover if you are infected. If you are infected, you then can make important decisions about your health and the health of your sex partner(s). A good place for you to get both counseling and testing is at an HIV/AIDS counseling and testing site. For information about these sites, call your local or state health department or the national hotline. These places provide confidential counseling and testing.

Uncle Bill

## LETTER 4

*Dear Uncle Bill:*
*My husband and I want to have a baby. However, I have been tested and I am infected with HIV. Is it safe to have a baby? Certainly we don't want our child to get the AIDS virus.*

*Unsure Ursula*

Dear Unsure Ursula:
Like adults, no infant diagnosed with AIDS has recovered. Most of the children who have been infected with HIV got it from their infected mothers during pregnancy or childbirth. About one-half of the babies born to infected mothers are infected with HIV. Since there is documented evidence that HIV can be transmitted to the baby, any woman who is infected with HIV should delay becoming pregnant. Perhaps someday medicine will be able to protect a child from getting the mother's HIV infection.

Uncle Bill

## LETTER 5

*Dear Uncle Bill:*
*A friend of mine recently developed AIDS. I know he needs my support, and I want to remain friends. But I'm scared to be around him. I heard you could get AIDS from being near a person who has it.*

*Concerned Carlos*

Dear Concerned Carlos:
I am sorry to learn you feel scared about being near your friend. Spread of HIV, the virus that causes AIDS, by casual contact is one of the most common myths. HIV is *not* spread by being near an HIV-infected person, nor by hugging and hand holding, for example. You are correct that your friend needs your support. Your compassion and help can be very valuable to him.

Uncle Bill

## Problem Situations

### Purpose:

To facilitate student understanding of how problems associated with HIV infection and AIDS are solved, and to provide rehearsal in solving specific problems, using basic decision making steps.

### Objectives:

The student will describe the problem, important facts, possible options, and best solution to a situation dealing with:

1. Wondering if one has been infected with HIV. (Problem Situation 1)
2. Avoiding sexual contact with persons who may be at increased risk for HIV infection. (Problem Situation 2)
3. Preventing infection with HIV. (Problem Situation 3)
4. Learning more and keeping informed about HIV/AIDS. (Problem Situation 4)

### Materials:

Worksheet 4A: Description of Problem Situations
Worksheet 4B: Form for Solving Problems
Student Guide
Pencil

### Procedure:

1. The teacher should provide a copy of Worksheets 4A and 4B for each student, describe the exercise's purpose, and give instructions for its completion.
2. The student should provide the information requested on Worksheet 4B concerning the situation(s) described on Worksheet 4A.
3. The activity can be completed by an individual or a small group of students.

### Correct Answers:

The most desirable answers are given after each question of the problem-solving process. Student answers do not need to match the suggested responses word for word to be considered correct. Space is provided for adding other possible answers that emerge during use of the activity.

#### PROBLEM SITUATION 1

**Problem:** Tyra hasn't had sex with anyone, but she shares needles when she uses intravenous drugs with her friends. Since reading that HIV can be passed by sharing intravenous drug needles and syringes, she wonders if she has gotten the virus.

1. What is **THE PROBLEM?**
   - Whether Tyra has become infected with HIV and how she can stop using drugs.
2. What are **THE IMPORTANT FACTS** about the situation?
   - Tyra uses intravenous drugs. She is at risk for HIV infection because she shares her needles and syringes with friends.
   - The virus that causes AIDS can be passed by sharing intravenous drug needles and syringes.
   - Tyra may have been exposed to the virus through intravenous drug use, but not through sexual activity because she has not had sex.
   - Infection with HIV can be indicated by an antibody test.
   - In time, Tyra might develop symptoms of HIV infection.
   - If Tyra is infected, she is probably spreading her infection to her friends when she shares needles and syringes.
   - If she is infected, she may infect anyone she would have sex with if her partner did not use a latex condom.
   - If she is infected and later becomes pregnant, her baby could develop AIDS.
   - If she continues to use drugs she will risk her physical and mental health, and may even die.
3. What are **THE POSSIBLE OPTIONS?**
   - Tyra can get off drugs by seeking help from a clinic or doctor.
   - Tyra can stop sharing intravenous drug needles and syringes.

- Tyra can use a new needle or works cleaned with bleach every time.
- Tyra can take the HIV-antibody test to determine if she has acquired the virus.
- Tyra can wait to see if she develops symptoms of HIV infection or wait to see if her friends develop symptoms or have positive test results.

4. What is the **BEST SOLUTION?**
   - Tyra should stop sharing needles and seek help to stop using drugs. Tyra should also arrange to get counseling and take the HIV-antibody test.

## PROBLEM SITUATION 2

**Problem:** Charley has sex with other people occasionally. He has heard that some people are more likely to be infected with HIV than others, but he doesn't know who. Charley wants to remain sexually active.

1. What is **THE PROBLEM?**
   - Charley is at risk for HIV infection.
2. What are **THE IMPORTANT FACTS** about the situation?
   - Often it is not possible to know if one's sex partner is infected with HIV.
   - Those at increased risk of HIV infection include:
     1. persons with positive HIV-antibody tests
     2. persons with medical evidence of HIV infection
     3. males who have had sexual intercourse with other males
     4. persons who have used intravenous drugs
     5. persons who have had several sexual partners
     6. female or male prostitutes
     7. persons who received blood clotting products and blood transfusions before 1985
     8. sex partners of infected persons or persons at increased risk.
   - Charley could have had sex with an HIV-infected person and not know it.
   - Charley may now be infected with HIV or another STD.
3. What are **THE POSSIBLE OPTIONS?**
   - Charley can abstain from sex until he is an adult and able to establish a mutually faithful relationship with an uninfected person.
   - Charley can avoid sex with persons who may be at increased risk.
   - Charley can reduce his risk by using a latex condom.
   - Charley can decide not to consider a person's chance for having HIV when choosing sex partners.
   - Charley can talk with an adult, counselor, pastor, or hotline personnel about his sexual behavior to help him decide on the best plan for him.
4. What is the **BEST SOLUTION?**
   - Charley could abstain from sex until he is an adult and able to establish a mutually faithful relationship with an uninfected person.
   - If Charley continues to have sex with other people occasionally, he should use latex condoms.
   - Charley should talk about his behavior with a knowledgeable, trustworthy source.

## PROBLEM SITUATION 3

**Problem:** Paul dates Chris, and they often have sex. Paul doesn't have sex with others but he thinks Chris does. Paul also believes that Chris may have had sex with someone who may have HIV infection. Neither has taken the HIV-antibody test to determine if the other has the virus. Paul wants to continue having sex with Chris, but isn't sure what can be done to prevent HIV infection.

1. What is **THE PROBLEM?**
   - What Paul can do to protect himself from HIV infection.
2. What are **THE IMPORTANT FACTS** about the situation?
   - Chris may have been infected with HIV or another STD if sex occurred with several partners.
   - Paul may have been infected if Chris is infected.
   - Whether Paul or Chris uses intravenous drugs is not known.

- The most common ways the virus is transmitted are by sexual intercourse and sharing intravenous drug needles.
- Properly using a condom is an effective way to reduce, but not eliminate, the risk of HIV infection. Further, contact with vaginal fluid, semen, or blood should be avoided.

3. What are **THE POSSIBLE OPTIONS?**
   - A latex condom could be used during sexual contact between Paul and Chris.
   - Paul could persuade Chris that they need to get counseling and testing.
   - Paul could cease having sex with Chris until it is known whether Chris is infected.
   - Paul could break off the relationship with Chris.
4. What is **THE BEST SOLUTION?**
   - Paul should not continue to have sex with Chris until the antibody test is taken and the counselor says it's OK. Paul should get counseling and take the test to learn of his health status.
   - If Paul decides to continue having sex with Chris, a latex condom should always be used during all types of sexual intercourse.

## PROBLEM SITUATION 4

**Problem:** Margarita works very hard to maintain good health. She reads about all aspects of health so she can know the best preventive health practices. Margarita has received a little information in school about HIV/AIDS, but doesn't feel it was enough. She wants to learn more about HIV infection and AIDS, and to keep current in the future.

1. What is **THE PROBLEM?**
   - Margarita wants resources for more new information about HIV infection and AIDS.
2. What are **THE IMPORTANT FACTS** about the situation?
   - Margarita's school classes apparently do not provide her with as much HIV/AIDS information as she feels she needs.
   - The school or community library may have HIV/AIDS materials, usually in science magazines. Because more is continuously being learned about the disease, information may not be current.
   - Current written material can be obtained from the local or state health department or a physician.
   - Current information can also be obtained from the National AIDS Information Line or the local AIDS hotline.
3. What are the **POSSIBLE OPTIONS?**
   - Margarita could look for materials in the school or community library.
   - Margarita could contact the local or state health department or a physician or hospital.
   - Margarita could call the National AIDS Information Line or a local AIDS hotline.
4. What is the **BEST SOLUTION?**
   - All of the above.

## Talking About HIV and AIDS Prevention

### Purpose:

To provide students with:
1. Practice in talking with another person about HIV/AIDS prevention.
2. Strategies for discussing prevention and asserting specific positions.

### Objectives:

The student will:
1. Demonstrate an ability to talk with another person about HIV/AIDS prevention.
2. Describe how to get the conversation started.
3. Identify the issues that must be discussed and ways they can be handled.
4. Describe how one might insist on abstinence from intercourse; how one might insist on condom use for intercourse.
5. Name the best situations for young adults to discuss HIV/AIDS prevention.

### Materials:

Worksheet 5
Pencil

### Time:

30 minutes

### Procedure:

1. The teacher should provide a copy of Worksheet 5 for each student and describe how to complete it.
2. After reading the situation, two students should role-play the conversation (Part A). One student, chosen by the couple, should begin the conversation.
3. After Part A is completed, students in groups of two or four should answer the questions in Part B. This should be followed by a class discussion.
4. The teacher might want students to role-play again.
5. Last, the teacher might ask some students to demonstrate their dialogue in front of the entire class.

## Negotiating Conflicts in Relationships

### Purpose:

To provide students a model for negotiating both avoiding and reducing risk of HIV infection.

### Objectives:

The student will:

1. Describe procedures to resolve the conflict.
2. Create statements declaring positions regarding personal wants and values.
3. Discuss the advantages and disadvantages of each position in light of avoiding or reducing the risk of HIV infection.
4. Create and discuss alternatives to the suggestion.
5. Decide on a solution that will avoid or reduce the risk of HIV infection.

### Materials:

Worksheet 6
Pencil

### Time:

20 minutes

### Procedure:

1. The teacher should provide a copy of Worksheet 6 for each student and describe how to complete it.
2. The activity may best succeed with the more advanced students who have strong verbal and role-playing skills. Hence, the teacher may need to provide further information about each step of the negotiating process.
3. The activity might work best where students work in groups of three. Two students will role-play resolving the conflict, with the other acting as an assistant or moderator.
4. The teacher might choose two students to role-play the situation in front of the class, with the teacher directing the conversation.
5. The teacher might conclude with a summary of the extent to which the decision resulted in avoiding or reducing the risk of HIV infection.

## Sexual Responsibility

### Purpose:

To enhance student understanding of sexual responsibility.

### Objectives:

The student will:

1. Describe what factors must be considered in deciding whether or not to have sexual intercourse with someone.
2. Name several reasons for not having sexual intercourse with someone.
3. Name the advantages of young adults delaying sexual intercourse.
4. Name the persons who could be of assistance in deciding a sexual code of behavior.
5. Describe what a person can do to show control over whether or not he or she will have sexual intercourse.
6. Name some ways to express love and affection other than having sexual intercourse.
7. Name a way of reducing the risk of HIV infection if a person decides to have sexual intercourse.

### Materials:

Worksheet 7
Pencil

### Time:

20 minutes

### Procedure:

1. The teacher should provide a copy of Worksheet 7 for each student and describe how to complete it.
2. The responses can be created by individual students or a small group of students, followed by a class discussion.

## Handling Pressure to Have Sex

### Purpose:

To provide students with:
1. Greater understanding of issues related to pressure to have sex.
2. Models of and practice in responding to pressure.

### Objectives:

The student will:
1. Name situations that might lead to pressure to have sex.
2. Name some of the factors that might help a young person resist pressure to have sex.
3. Describe how one refuses sexual advances, particularly without offending others.
4. Create and practice refusal lines in response to pressure lines.

### Materials:

Worksheet 8
Pencil

### Time:

30 minutes

### Procedure:

1. The teacher should provide a copy of Worksheet 8 for each student and describe how to complete it.
2. The responses to Part A can be created by individual students or small groups of students, followed by a class discussion.
3. Students, working in pairs, can practice saying the refusal lines (Part B). The teacher might ask some students to demonstrate their dialogue in front of the entire class.

## LEARNING OPPORTUNITY #9

### Dealing with Intravenous Drug Use

#### Purpose:

To provide students with a greater understanding of how to avoid intravenous drug use.

#### Objectives:

The student will:

1. Name the social and personal situations that might lead to intravenous drug use.
2. Name ways peers pressure each other to use intravenous drugs.
3. Describe how one can combat peer pressure to use intravenous drugs.
4. Describe ways of having fun without using intravenous drugs.
5. Describe ways one can influence others not to use intravenous drugs.

#### Materials:

Worksheet 9
Pencil

#### Time:

15 minutes

#### Procedure:

1. The teacher should provide a copy of Worksheet 9 for each student and describe how to complete it.
2. The responses can be created by individual students or a small group of students, followed by a class discussion.

## Assessing Behavioral Risks for HIV Infection

### Purpose:

To enhance student learning of high-risk behaviors and preventive behaviors, and/or serve as a review of such behaviors.

### Objective:

The student will indicate whether a person (1) can become HIV- infected from certain behaviors, and (2) can reduce the chances of becoming HIV-infected from certain behaviors.

### Materials:

Worksheet 10
Student Guide
Pencil

### Procedure:

1. The teacher should provide a copy of Worksheet 10 for each student, describe the exercise's purpose, and give instructions for its completion.
2. The student should indicate a response for each statement. "Probably" is the correct answer to questions that scientists have not yet completely resolved. If a student is uncertain of the correct answer, "not sure" should be marked.
3. The activity can be completed by an individual or a small group of students.
4. The teacher can lead a discussion of the statements.

The correct answer is given below each statement.

### CAN A PERSON BECOME INFECTED WITH HIV FROM THE FOLLOWING:

1. Touching someone infected with HIV?
   **—no**
2. Attending school or public events with someone infected with HIV?
   **—no**
3. Using someone else's make-up or comb?
   **—no**
4. Using public toilets?
   **—no**
5. Swimming in a pool?
   **—no**
6. Being bitten by mosquitoes or other insects?
   **—no**
7. Giving blood?
   **—no**
8. Having a blood test?
   **—no**
9. Having vaginal intercourse?
   **—yes**
10. Having anal intercourse?
    **—yes**
11. Having oral sex?
    **—probably**
12. Dry kissing?
    **—no**
13. Having more than one sex partner?
    **—yes**
14. Having sex with persons at increased risk for having HIV?
    **—yes**
15. Sharing intravenous drug needles and syringes?
    **—yes**

### CAN A PERSON REDUCE THE CHANCES OF BECOMING INFECTED WITH HIV BY:

1. Not having sexual intercourse (practicing abstinence)?
   **—yes**
2. Having sexual intercourse only with an uninfected partner?
   **—yes**
3. Using latex condoms (rubbers) during sexual intercourse?
   **—yes**
4. Avoiding the exchange of semen, vaginal fluids, or blood during sex?
   **—yes**
5. Not having sexual intercourse with a person who uses intravenous drugs?
   **—yes**
6. Urinating after sexual intercourse?
   **—no**

7. Douching after sexual intercourse?
   **—no**
8. Taking birth control pills?
   **—no**
9. Not sharing intravenous drug needles or syringes?
   **—yes**

## LEARNING OPPORTUNITY #11

### Promoting Responsible Role Models

#### Purpose:

To provide students with:
1. A greater understanding of how one can be a responsible role model and can influence peers to stay healthy.
2. Practice in persuading another person to avoid or reduce the risk of HIV infection.

#### Objectives:

The student will:
1. Name ways a person can be a positive role model.
2. Describe what a person could say when explaining why he or she is avoiding HIV infection.
3. Name what someone can do to influence peers to stay healthy.
4. Describe what could be done to teach others how to resist peer pressure related to the risk of HIV infection.
5. Demonstrate the ability to persuade another person to practice risk-reducing behaviors.

#### Materials:

Worksheet 11
Pencil

#### Time:

20 minutes

#### Procedure:

1. The teacher should provide a copy of Worksheet 11 for each student and describe how to complete it.
2. The responses can be created by individual students or small groups of students, followed by a class discussion.
3. Students, working in pairs, can practice trying to persuade another person to practice risk-reducing behaviors.

## LEARNING OPPORTUNITY #12

### Help Sources

#### Purpose:

To provide students with:
1. Greater understanding of how to locate HIV/ AIDS help sources, and practice in locating help in the telephone book.
2. Greater understanding of the rationale for HIV testing, and the obstacles to getting counseling and testing.
3. Practice in persuading a person to get counseled and tested.

#### Objectives:

The student will:
1. Name the persons that could help them locate HIV/ AIDS help sources, such as information and counseling.
2. Demonstrate the ability to locate such help in the telephone book.
3. Name the rationale for HIV-antibody testing and the circumstances in which a person should consider getting counseled and tested.
4. Describe the obstacles in persuading others to consider HIV counseling and testing.
5. Demonstrate the ability to persuade another person to seek HIV counseling and testing.

#### Materials:

Worksheet 12
Pencil

#### Time:

20 minutes

#### Procedure:

1. The teacher should provide a copy of Worksheet 12 for each student and describe how to complete it.
2. The responses can be created by individual students or small groups of students, followed by a class discussion.
3. Students, working in pairs, can locate HIV/AIDS help in the telephone book and practice trying to persuade each other to seek counseling and testing.

## LEARNING OPPORTUNITY #13

### Unanswered Questions

#### Purpose:

To discover answers to questions about HIV and AIDS asked during the instructional unit, and to provide selected students with the experience of calling the local AIDS hotline or the local health department.

#### Objective:

The student will learn the correct answers by properly using the hotline.

#### Materials:

Pencil and paper

#### Time:

15 - 20 minutes of class time for the reporting of the answers.

#### Procedure:

1. Ask one student, or a small group of students, to record any questions asked during the unit which cannot be answered by the textbook or teacher.
2. Near the end of the unit, the recording student(s) should call a local AIDS Hotline or the local health department for the correct answers to the questions. Provide time for the student(s) to report the answers to the entire class.

## HIV/AIDS Basketball

### Purpose:

To enhance student learning of HIV/AIDS facts and/or to serve as a review of the facts.

### Objective:

The student will recall correct HIV/AIDS information found in the student guide.

### Materials:

The questions presented below
Paper and pencil (or chalkboard) for keeping score

### Time:

20 - 30 minutes

### Procedure:

1. Divide the class into two groups or teams.
2. Ask a question of one team member at a time, taking turns within each team and alternating between teams.
3. Give the individual the choice of either a two-point or three-point question. (The three-point questions are more difficult.)
4. Accept only one answer given within a reasonable time period (e.g., 10 seconds), judging whether it is correct or incorrect. Only correct answers earn points.
5. Any assistance given to a team member trying to answer a question, or any other form of "illegal" play, results in a foul being called on that team. The other team gets an opportunity to answer a foul shot question, worth 1 point. (The teacher might be able to create other situations that result in foul shots being awarded.)
6. Determine how long the game will last before beginning it. Announce the limit to the class. For example, the game could be considered over when everyone on each side has been asked a question, when a pre-determined number of questions have been asked, or when all of the questions have been used.
7. The teacher or a student can keep score on a sheet of paper or on the chalkboard.
8. The teacher might give a small award to the winning team.

### 2-POINT QUESTIONS

1. What term does AIDS stand for?
   **—acquired immunodeficiency syndrome**
2. About what percentage of persons diagnosed with AIDS in the U.S. have died?
   **—over 50 percent**
3. Most people with AIDS have lived less than how many years after diagnosis is made?
   **—2 years**
4. What type of organism causes AIDS?
   **—virus (or HIV)**
5. Which body system does HIV mainly damage?
   **—immune system**
6. What happens to a person infected with HIV that usually does not occur to people with a healthy immune system?
   **—they acquire severe illnesses or opportunistic diseases**
7. What is the range for the incubation period of HIV infection?
   **—a few months to 10 years or more**
8. What percentage of HIV-infected persons have developed AIDS within 10 years after becoming infected?
   **—up to 48 percent**
9. How many people in the U.S. may be infected with HIV?
   **—1 to 1.5 million**
10. What are the peak ages for AIDS cases?
    **—late 20s through 40s**
11. By the fall of 1989, how many countries had reported at least one AIDS case to the World Health Organization?
    **—over 140 countries**
12. In some Central African countries, HIV seems to be mainly transmitted by what type of sexual contact?
    **—heterosexual**
13. HIV is mainly present in what three body fluids?
    **—semen, vaginal fluids, and blood**

14. What are the two most common ways HIV is transmitted?
    **—sexual intercourse and sharing needles resulting in exchange of blood**
15. What drug-related behavior allows the exchange of blood?
    **—sharing intravenous needles and syringes**
16. How can one find out if he or she has been infected with human immunodeficiency virus?
    **—see a doctor**
17. Aside from donated blood, the HIV-antibody test is also used to screen people who donate what?
    **—semen, body organs, and tissues**
18 What government agencies provide confidential HIV testing and counseling?
    **—local and state health departments**
19. What are the two surest ways of not getting HIV infection?
    **—sexual abstinence and not using or sharing intravenous drugs.**
20. Having sex with one person only is called what?
    **—sexual fidelity**
21. Mutual sexual fidelity is effective in preventing HIV transmission except in what situations?
    **—one partner is infected at the start of the relationship or uses intravenous drugs and shares needles and syringes.**
22. What type of condom is the most effective in preventing HIV transmission?
    **—latex condom**

## 3-POINT QUESTIONS

1. How many cumulative AIDS cases and how many deaths does the Public Health Service project will have occurred by the end of 1992?
   **—365,000 AIDS cases**
   **—263,000 deaths**
2. Because there are few AIDS cases below age 20, many teenagers falsely believe that young adults need not worry about HIV infection. What information should be given to those teenagers to correct this myth?
   **—certain sexual and intravenous drug use practices can put anyone at risk**
   **—about 21 percent of AIDS cases are in the 20-29 age group**
   **—since AIDS has a long incubation period, some persons in the 20-29 age group probably got the virus when they were teenagers**
   **—teenagers who contract the virus now may not have AIDS symptoms until they are in their 20s**
3. Blacks and Hispanics make up about what percent of the U.S. population, and account for about what percent of the reported AIDS cases?
   **—Blacks represent about 12 percent of U.S. population and have about 27 percent of the AIDS cases**
   **—Hispanics represent 6 percent of U.S. population and have about 15 percent of the AIDS cases**
4. Name the three types of sexual practices in which HIV is passed.
   **—anal intercourse**
   **—vaginal intercourse**
   **—oral sex**
5. Women infected with HIV should do what two things relative to children?
   **—postpone pregnancy**
   **—not breast-feed a child**
6. Name the six HIV risk-reduction suggestions given in the student guide.
   **—sexual abstinence**
   **—sexual fidelity**
   **—latex condom use**
   **—careful selection of partners**
   **—avoiding multiple partners**
   **—not using drugs or sharing intravenous needles and syringes**
7. Name at least five of the nine groups of persons with whom having sex would increase one's chance of HIV infection.
   **—persons whose antibody test for HIV is positive**
   **—persons with medical evidence of HIV infection**
   **—males who have had sexual intercourse with other males**
   **—persons who have used intravenous drugs**
   **—persons who have had several sex partners**
   **—persons who have had other STD**
   **—female and male prostitutes**
   **—persons who received blood-clotting factors or blood transfusions before 1985**

—**sex partners of infected persons or persons at increased risk**

8. What is the telephone number of the National AIDS Information Line?
   —**1-800-342-AIDS (1-800-342-2437 is also acceptable, as well as the Spanish-speaking or hearing-impaired numbers)**

## FOUL SHOT QUESTIONS - ONE POINT

1. Has anyone completely recovered from AIDS?
   —**no**
2. Can a person who has engaged in risky behavior determine if he or she has an HIV infection without an antibody test?
   —**no**
3. Can HIV be passed by an infected person even though the symptoms of infection are not present?
   —**yes**
4. Can scientists say for sure what percentage of persons infected with HIV will develop AIDS?
   —**not yet**
5. Is there a cure or vaccine for the virus that causes AIDS?
   —**no**
6. Are people of every race infected by HIV?
   —**yes**
7. Is the number of AIDS cases among Blacks and Hispanics growing more rapidly than among Whites?
   —**yes**
8. Is the blood supply available for transfusion now tested for HIV?
   —**yes**
9. Can teenagers get confidential HIV and AIDS counseling and testing through local or state health departments?
   —**yes**
10. Is HIV highly contagious?
    —**no**
11. Do all of the children born of HIV-infected mothers have the virus?
    —**no**
12. Should a person be afraid of HIV infection through casual, social, or family contact?
    —**no**
13. Have there been any reported cases where HIV has been transmitted through kissing?
    —**no**
14. Have there been any reported cases where HIV has been transmitted through insect bites?
    —**no**
15. Do birth control pills protect the user from HIV infection?
    —**no**
16. Is it possible to know if a person has an HIV infection by just looking at him or her?
    —**no**
17. Does using a latex condom reduce one's chance of HIV infection?
    —**yes**

## Eliminating Barriers to the Prevention of HIV Infection

### Purpose:

To facilitate student understanding of the issues related to eliminating barriers to the prevention of HIV infection.

### Objectives:

The student will:

1. Identify barriers to individual behaviors that prevent HIV infection.
2. Prioritize the barriers.
3. Create solutions to eliminating the barriers.

### Materials:

Paper
Pencil

### Time:

45 - 60 minutes

### Procedure:

1. This learning opportunity uses the basic principles of the Nominal Group Technique, a group-process strategy for solving problems by clarifying barriers and solutions. The technique incorporates decision-making processes and emphasizes the creation of solutions in contrast to finding ready-made solutions.
2. The activity might be best conducted as the concluding activity of the unit.
3. The activity involves four steps:

#### STEP 1: IDENTIFY BARRIERS TO HIV INFECTION/AIDS PREVENTION

On the chalkboard, list behaviors that prevent or reduce the risk of HIV infection. The following should be listed: sexual abstinence, sexual fidelity, using latex condoms, carefully selecting partners, avoiding multiple sex partners, and avoiding the sharing of drug needles and syringes.

Ask students to identify five reasons why people do not practice behaviors that prevent or reduce the risk of HIV infection. For example, why do some young persons choose not to practice sexual abstinence, and what keeps them from using condoms? Possible barriers to these prevention or risk-reduction behaviors might be: inability of a young person to resist peer pressure to be sexually active; belief that sex is not pleasurable with condom use; and embarrassment in getting condoms.

Going from student to student, ask for his or her most important reason. Write each reason on the chalkboard. Tell students to mark their reasons if they are given by others. When it is their turn, they should give the next best reason not already mentioned.

#### STEP 2: PRIORITIZING BARRIERS

Once all barriers have been listed on the chalkboard, have students again pick their top five barriers. Students should give five points for the most important reason, four points for the second most important reason, and so on, until the fifth reason receives one point.

For each reason listed on the board, ask for the point values assigned by the students. Tally the total point value for each reason.

#### STEP 3: FINDING SOLUTIONS TO ELIMINATING THE BARRIERS

Divide the class into five groups. Assign one of the top five barriers to each group. Through discussion, the groups are to create solutions for eliminating the barrier assigned to them. Students should use their imagination in creating solutions. Possible solutions might be: prepare young people to resist peer pressure to engage in sexual intercourse, or locate places where latex condoms can be purchased without embarrassment.

#### STEP 4: DISCUSSION OF SOLUTIONS

Going from group to group, have a spokesperson for each group report the solutions created to the entire class. Discuss the solutions and ask for other possible solutions from other class members.

# CHAPTER 3

## TEST QUESTIONS

Test questions are presented here for teachers desiring to conduct a written examination of student understanding of the major concepts of the student guide. Questions include (1) true or false, (2) multiple choice, (3) short answer, (4) essay, and (5) life situations. The correct answer is included for each question, along with the page of the student book where the question concept is discussed.

A teacher may not wish to use all the questions, and can be selective according to the situation. The students' language skills and academic sophistication, in particular, should be considered.

### True or False

T (p. 6) 1. AIDS is caused by a virus.
F (p. 6) 2. Over 75 percent of persons ever diagnosed with AIDS in the U.S. have died.
T (p. 6) 3. No one has completely recovered from AIDS.
F (p. 7) 4. All persons with HIV infection have developed AIDS.
T (p. 7) 5. Some persons infected with HIV have symptoms all the time.
F (p. 8) 6. HIV cannot be transmitted by an infected person unless the person has been diagnosed as having AIDS.
T (p. 6) 7. There is no cure for AIDS.
T (p. 8) 8. There is no HIV vaccine.
T (p. 10) 9. The percentage of AIDS cases among Blacks and Hispanics is greater in proportion to their percentage of the total U.S. population than for Whites.
F (p. 12) 10. The majority of persons with AIDS in many central African countries are homosexual and bisexual men.
T (p. 13) 11. HIV is present in certain body fluids, mainly blood, semen, and vaginal fluids.
T (p. 13) 12. HIV can probably be transmitted during oral sex.
T (p. 14) 13. In the U.S. it is now nearly impossible to become infected with HIV from a blood transfusion.
T (p. 14) 14. A person cannot get infected with HIV from donating blood.
F (p. 14) 15. If a woman is infected with HIV, her child will always be born with the virus.
F (p. 15) 16. All persons who have sex should take the HIV-antibody test, regardless of whether they have participated in high-risk behavior.
F (p. 15) 17. In most states, teenagers cannot get confidential HIV-antibody counseling and testing.
F (p. 16) 18. Many persons have been infected with HIV through casual contact such as shaking hands with an infected person or drinking from a glass an infected person has used.
F (p. 16) 19. There have been reported cases where HIV was transmitted by kissing.
F (p. 19) 20. The condom is 100 percent effective in protecting against HIV infection.
T (p. 19) 21. The latex, not the natural membrane, condom provides the best protection against HIV infection.
T (p. 20) 22. It is impossible to determine from peoples' appearance whether or not they are HIV infected.
T (p. 21) 23. One way intravenous drug users can avoid becoming infected with HIV is to not share needles or syringes.

## Multiple Choice

c (p. 8) 1. Which one of these statements about having HIV infection is *not* true?
   a. HIV destroys certain cells that help the immune system protect a person from disease.
   b. HIV itself usually does not kill the person.
   *c. Only a small percentage of persons with HIV infection will develop AIDS or suffer other severe conditions.
   d. Persons with HIV may get severe illnesses healthy people do not acquire.

a (p. 13) 2. The most common way HIV has been transmitted is:
   *a. sexual intercourse.
   b. intravenous drug use.
   c. blood transfusions.
   d. from mother to child.

b (p. 15) 3. Which one of these statements about the HIV-antibody test is *not* true?
   a. Persons infected with HIV can transmit the virus to others.
   *b. All persons with positive test results have AIDS.
   c. Test results may be negative shortly after a person has been exposed to HIV.
   d. The antibody test results are very accurate, but not perfect.

a (p. 16) 4. Which one of these statements about the transmission of HIV is *not* true?
   *a. The spread of HIV is similar to other transmissible diseases like the cold, flu, or measles.
   b. Children with HIV infection pose no risk for other students in the school setting.
   c. People can work with others and attend school and public events without the fear of getting HIV.
   d. No evidence exists indicating that flies and mosquitoes are capable of transmitting HIV.

d (p. 18) 5. The surest way of not acquiring HIV is by:
   a. sexual fidelity.
   b. using latex condoms.
   c. carefully selecting sex partners.
   *d. abstaining from sex and not using intravenous drugs.

c (p. 18) 6. Which persons would have the lowest risk for being infected with HIV?
   a. Persons using intravenous drugs and sharing needles or syringes.
   b. Persons having a positive HIV-antibody test.
   *c. Persons practicing sexual fidelity (if partners are uninfected and not using intravenous drugs).
   d. Persons having sex with someone who has many partners.

## Short Answer

(p. 6) 1. Most people with AIDS have lived less than how many years after the diagnosis is made? (2 years)

(p. 7) 2. What kind of health problems do some people infected with HIV get that people with a healthy immune system do not? (they get opportunistic diseases)

(p. 7) 3. Most persons infected with HIV do not know they are infected until what occurs? (symptoms develop)

(p. 7) 4. How long is the incubation period for HIV infection? (a few months to ten years or more)

(p. 8) 5. Scientists have observed what percentage of persons having developed AIDS within 10 years after becoming infected with HIV? (about 48 percent)

(p. 9) 6. About how many persons in the United States are infected with HIV? (1 to 1.5 million)

(p. 9) 7. How many AIDS cases are projected to occur by the end of 1992? (365,000)

(p. 10) 8. Blacks and Hispanics make up about 12 percent and 6 percent of the U.S. population, respectively, but the two groups account for what percentages of AIDS cases? (27 percent and 15 percent)

(p. 13) 9. Name the three body fluids known to transmit HIV. (blood, semen, vaginal fluids)

(p. 13) 10. Name the three sexual practices that may transmit HIV from an infected person to an uninfected person. (vaginal intercourse, anal intercourse, and probably oral sex)

(p. 13) 11. In the United States, blood-to-blood transmission of HIV is nearly entirely limited to what practice? (sharing intravenous needles and syringes)

(p. 16) 12. What are the three major ways HIV is transmitted? (sexual contact, intravenous drug use, and from mother to child)

(p. 15) 13. What is the term that describes a positive HIV-antibody test result when there is actually no virus present? (false positive)

(p. 15) 14. What is the term that describes a negative test result when there are actually antibodies present? (false negative)

(p. 19) 15. What device, if used properly, provides an important way of reducing the risk of HIV from entering a person's body during sex? (latex condom)

(p. 25) 16. What is the telephone number of the National AIDS Information Line? (1-800-342-AIDS) (1-800-342-2437 is also acceptable, as well as the Spanish-speaking or hearing-impaired numbers)

## Essay

(p. 10) 1. Because there are few AIDS cases reported in persons below age 20, many teenagers falsely believe that young people do not need to worry about HIV infection and AIDS. What information should be given to those teenagers to correct this myth? (Certain sexual activity and intravenous drug use practices place them at risk. About 21 percent of the AIDS cases have been diagnosed in the 20-29 age group. Since HIV infection has a long incubation period, some persons in the 20-29 age group probably got the virus when they were teenagers. Hence, teenagers who contract the virus now may not have symptoms until they are in their 20s.)

(p. 15) 2. Why do people have such a strong fear of HIV infection and AIDS? (AIDS is a deadly disease. Information is reported daily. There are many myths about how the virus is transmitted.)

(p. 22) 3. What should persons infected with HIV do to avoid infecting others? (Avoid exposing others to their blood, semen, or vaginal fluids. Avoid donating blood, semen, and body organs and tissues. Encourage their sex and drug-needle sharing partner(s) to get counseling and the HIV-antibody test. Avoid pregnancy. Have their babies and children tested.)

(p. 24) 4. What is important to know if one's friend develops HIV infection? (Many persons with HIV infection have been mistreated. Some have been rejected by friends. Many have felt isolated and emotionally distressed. HIV is not passed by casual contact. The friend needs support and understanding. Continue sharing activities and conversation. The families of HIV-infected persons may also need help.)

## Life Situations

### SITUATION 1

Priscilla and Crystal are close friends, but go to different schools. Crystal knows that Priscilla learned about HIV and AIDS in her school health class. Since Crystal's school did not teach about HIV and AIDS, Crystal asks Priscilla about how the disease is prevented. Priscilla tells Crystal about all the prevention techniques and gives a reason for each precaution. Some of Priscilla's suggestions are wrong because they are based on false reasons. Mark an "F" next to these statements. Mark a "T" next to the statements in which both the suggestion and reason are correct.

F (p. 9) 1. It is safe to have sex with heterosexuals since they do not transmit HIV.

T (p. 19) 2. One should avoid exchange of blood, semen, and vaginal fluids with persons who have engaged in risky behaviors.

F (p. 20) 3. A person does not need to worry about using a condom when having sex with others since he or she can easily determine who is HIV infected.

T (p. 21) 4. Persons should avoid sharing intravenous needles and syringes since this can result in exchange of blood that might contain HIV.

### SITUATION 2

Henry and Dolores began dating recently and are considering whether to have sex. They talked about HIV infection and other STD. Neither has an STD, but Henry said he has a positive HIV-antibody test. Henry has not developed AIDS. Mark "T" for any of the actions below that would be wise, and "F" for those that are unwise.

F (p. 8) 1. They start having sex because HIV cannot be transmitted until a person develops AIDS.

T (p. 19) 2. They have sex, and Henry wears a latex condom to reduce the risk of infecting Dolores with HIV.

T (p. 19) 3. They decide not to have sexual intercourse until they are adults and able to establish a mutually faithful relationship.

### SITUATION 3

Sonny and Vanessa are friends. They don't have sex with each other, but they sometimes shoot intravenous drugs together and with their friends. They have certain beliefs about their lifestyle and HIV infection. Mark "T" for the correct beliefs, and "F" for the incorrect beliefs.

F (p. 21) 1. Even though we share the needles and syringes when we use drugs, we do not have any risk unless one of our friends develops AIDS.

F (p. 21) 2. We do not have any risk for getting HIV since we don't have sex.

F (p. 20) 3. We could begin having sex with each other since neither has a high risk for having HIV.

T (p. 22) 4. Even though we do not have sex, we probably should get counseling and take the HIV-antibody test since we share intravenous needles and syringes.

T (p. 21) 5. To avoid HIV infection, we should not share drug needles or syringes with each other or our friends.

T (p. 21) 6. We should stop using intravenous drugs.

## APPENDIX A

# HANDOUTS

This appendix contains three sheets that can be removed and duplicated for distribution to students. The sheets are:

### AIDS/STD INFORMATION SOURCES

This sheet is a duplicate of a form found on the inside of the front cover of the student book. It can be given to students if they are not permitted, or do not desire, to write in the book. The teacher should assist the students in completing the form.

### HIV/AIDS SUMMARY SHEET

This sheet duplicates the summary found at the end of the student book. It can be used for informing persons who do not have the student book. For example, it can be placed on a school bulletin board or distributed at a health fair.

### GUIDELINES FOR CONDOM USE

This sheet provides guidelines for correct condom use. Persons planning to use condoms to reduce the risk of HIV infection and STD should have this information. In some schools, teachers may desire and be permitted to distribute this handout to students. The teacher should adhere to local school policy in determining whether it is appropriate to distribute the sheet.

# AIDS/STD INFORMATION SOURCES

Sources for AIDS/STD Help in Your Community:

1. _____
_____
_____
_____
_____

2. _____
_____
_____
_____
_____

To learn of the nearest place for AIDS/STD medical care or to get the latest information, call:

Local AIDS Hotline _____
(telephone number)

- or -

National AIDS Information Line
English-speaking: 1-800-342-AIDS
1-800-342-2437
Spanish-speaking: 1-800-344-SIDA
1-800-344-7432
Hearing-impaired: 1-800-AIDSTTY
1-800-243-7889

- or -

STD National Hotline
1-800-227-8922
(In California, 1-800-982-5883)
(In Alaska and Hawaii call your local health department)

---

Minors can get STD treatment without parental consent in every state. That's the law.

# HIV/AIDS SUMMARY SHEET

Infection with the human immunodeficiency virus (HIV) is one of the most serious epidemics of modern times. HIV is spreading in the United States and many other nations. One to 1.5 million persons in the U.S. already have become infected with HIV. Many of these people have developed AIDS. Over 50 percent of those with AIDS have died. No one has completely recovered from AIDS.

**WHAT AIDS IS** • The virus that causes AIDS usually weakens the immune system. The infected person may develop problems in fighting certain infections or cancers. The presence of these serious conditions in a person who is infected with HIV indicates that the person has developed AIDS. The infections or cancers, not the virus, usually kill the person. It is not known what percentage of persons infected with HIV will, in time, develop AIDS or become ill. However, the U.S. Public Health Service scientists have observed that up to 48 percent of HIV-infected persons have developed AIDS within 10 years after becoming infected. The virus can be transmitted soon after the person becomes infected. This is true even though the infected person will not usually look or feel sick for several years.

**HOW HIV IS TRANSMITTED** • HIV may be present in semen, vaginal fluids, and blood. It is transmitted by sexual contact or by sharing intravenous drug needles or syringes. The virus can also be passed from an infected woman to her child during pregnancy, delivery, or breast-feeding. Anyone—heterosexual, homosexual, or bisexual—engaging in sexual intercourse, or sharing intravenous needles or syringes with an infected person can become infected.

In the U.S., most diagnosed AIDS cases have been among male homosexuals (males who had sex with other males) and male bisexuals (males who had sex with both males and females). AIDS cases have also occurred among (1) intravenous drug users, (2) heterosexual sex partners of people with HIV infection, including intravenous drug users, bisexual men, and persons who acquired the virus through infected blood, (3) recipients of blood-clotting factors, and (4) children born to an infected mother. In Africa, most cases occur among heterosexuals.

HIV is not spread by casual, social, or family contact. A person cannot get the virus by touching or being near someone with HIV infection or AIDS.

**HOW HIV INFECTION AND AIDS ARE DIAGNOSED** • There is now a test for HIV antibodies. Positive test results mean that the person has been infected with HIV, and not that the person has AIDS. The development of certain serious illnesses indicates to physicians that a person has AIDS. The HIV-antibody test is also used to screen blood, semen, and organs. Persons who have engaged in any risky behaviors should consider taking the test. Local or state health departments provide confidential counseling and testing for all persons, including teenagers.

The incubation period for AIDS ranges from a few months to many years. Symptoms of infection with HIV may include tiredness, swollen lymph glands, fever, loss of appetite and weight, diarrhea, and night sweats. Only a physician can diagnose AIDS.

**PREVENTING HIV INFECTION AND AIDS** • Risk of HIV infection can be prevented or reduced by (1) sexual abstinence, (2) sexual fidelity, (3) using a latex condom during sexual intercourse, (4) avoiding sex with persons who may be at increased risk, (5) avoiding multiple sex partners, and (6) never sharing intravenous drug needles and syringes.

**PROMOTING HIV/AIDS PREVENTION EFFORTS** • One can help fight HIV infection and AIDS by (1) serving as a responsible role model, (2) promoting healthy peer norms, (3) correcting misinformation, (4) supporting a friend with AIDS, (5) helping to obtain support for HIV education, research and services, (6) voicing concerns to officials, and (7) serving as an HIV/AIDS volunteer.

**KEEPING INFORMED ABOUT HIV INFECTION AND AIDS** • One can contact the local or state health department, a physician, or a local AIDS hotline for the latest information and material on HIV and AIDS. These sources can tell you the location of HIV-antibody testing, health care, and support services. Also, the National AIDS Information Line can be contacted at 1-800-342-AIDS (English-speaking), 1-800-344-SIDA (Spanish-speaking), or 1-800-AIDSTTY (hearing-impaired).

Even though there is no cure or vaccine for HIV infection or AIDS, HIV infection can be prevented. The best defense is to follow the prevention information presented in this guide.

# GUIDELINES FOR CONDOM USE

The United States government's Food and Drug Administration has studied the value of condoms in preventing HIV infection and other STD. The FDA concluded that when used properly, the **latex** condom may prevent the transmission of many germs that cause sexually transmitted diseases, including the virus that causes AIDS. Condom packages containing latex condoms have the word "latex" on the outside. The agency also stated that condom use can be most effective if the suggested guidelines listed below are carefully followed.*

- Use the condom for every sex act between partners which involves contact with the penis.
- Put the condom on after the penis is erect and before any sexual contact.
- Place the condom on the head of the penis and unroll it all the way to the base of the penis.
- Leave an empty space at the end of the condom to collect the semen. Remove any air remaining in the tip by gently pressing the air out toward the base of the penis.
- If a lubricant is desired, use water-based lubricants, such as spermicides containing nonoxynol-9 or KY Jelly. Do not use oil-based lubricants like vaseline, vegetable oil, or cold cream.
- After ejaculation, carefully withdraw the penis while it is still erect. Hold onto the rim of the condom as you withdraw so that the condom does not slip.
- If the rubber material is sticky or brittle, discolored, or damaged, do not use it.
- Do not reuse condoms.
- Store unused condoms in a cool, dark, dry place.

Condoms lubricated with spermicides, such as nonoxynol-9, are strongly suggested. The spermicides can kill many bacteria and viruses.

* Adapted from Special Issue on AIDS, September 1987. *FDA Drug Bulletin*, 17, 17-18.

## APPENDIX B

# WORKSHEETS

This appendix contains the worksheets used with the learning opportunities given in Chapter 2. The worksheet number corresponds to the LO number.

### List of Worksheets


| *Number* | *Name* | *Page* |
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| 2 | Unfinished Sentences | 49 |
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# WORKSHEET 1: **ATTITUDE CONTINUUM**

**Directions**: After reading about the two people, decide which person you are most like. Mark an "X" anywhere along the line between the two names. You may feel exactly like one of the two persons, or you may have feelings in between. *If the teacher asks you*, give the reason why you chose your position.

1. CONTINUE CLEO |_____|_____|_____|_____| STOP SUSIE

   Cleo says if a friend of his developed HIV infection he would continue being friends with that person. He would want to help his friend. Cleo believes that his support and understanding would be very valuable at this time. Susie states she would stop being friends. She would not talk with or visit the person. Susie feels she could not be friends with someone who has practiced high-risk behavior.
   **Explain your answer**:

2. HELPING HENRY |_____|_____|_____|_____| NO-HELP NATE

   Henry believes that the whole community must work together to combat HIV infection. He says he would serve as an HIV/AIDS volunteer, and be an advocate for more research and health care services. Nate believes that there are already enough people helping to stop the HIV epidemic. He also feels he doesn't want to be associated with anything dealing with HIV infection or AIDS.
   **Explain your answer**:

3. INCLUDE ISAIAH |_____|_____|_____|_____| BAR BEVERLY

   One of Isaiah and Beverly's classmates has HIV infection. Isaiah feels that the classmate should be permitted to continue attending school. He believes the medical authorities who say HIV is not passed by casual contact. Beverly thinks the HIV-infected classmate should be barred from school. She is concerned about getting the virus by being near the person.
   **Explain your answer**:

4. PRIVATE PAUL |_____|_____|_____|_____| AVAILABLE ALLEN

Paul believes that the names of persons who have positive results on the HIV-antibody test should be kept private. That is, only persons chosen by the individual tested and those involved in the health care of the person should know. Allen believes that positive test results should be available to persons wanting them. Allen thinks employers, school officials, and tenants, for example, have the right to know who has HIV.

**Explain your answer**:

5. RESPONSIBLE RICK |_____|_____|_____|_____| CASUAL CARMEN

Rick believes HIV infection is a real threat. He believes that young adults who practice HIV prevention measures are being very responsible. Carmen doubts that young adults who have sex are at risk for HIV. She also believes that the prevention methods restrict her sex life too much.

**Explain your answer**:

6. CAREFUL CARLA |_____|_____|_____|_____| SHARING SAM

Carla and Sam use intravenous drugs. Carla is very careful not to share needles or syringes to avoid HIV infection. She also is starting to realize it would be smart to stop using intravenous drugs to protect her health. Sam shares his needles and syringes with friends. He also doesn't worry much about the effects of drugs on his health.

**Explain your answer**:

7. BELIEVING BOB |_____|_____|_____|_____| DOUBTING DORIS

Bob believes it is important to learn all the latest facts about HIV infection and AIDS. He feels that the amount of HIV/AIDS coverage by the media is just right. Doris doubts that the problem is as bad as shown by the media. She says she gets tired of hearing all the reports about HIV and AIDS.

**Explain your answer**:

# WORKSHEET 2: **UNFINISHED SENTENCES**

**Directions**: After reading the first part of the unfinished sentences, write in what you think would complete the sentence.

1. People who become HIV infected are . . .

2. Persons with AIDS need . . .

3. Persons with HIV infection should . . .

4. Practicing sexual abstinence to avoid HIV infection is . . .

5. Using a condom to avoid HIV infection is . . .

6. Not sharing intravenous drug needles and syringes to avoid HIV infection is. . .

7. Fearing HIV infection is . . .

8. Persons having a positive HIV-antibody test should . . .

9. HIV-antibody test results should . . .

10. Denying equal education or employment opportunities for persons with HIV infection is . . .

11. If a friend became HIV infected, most young adults would . .

12. The public's support for persons with HIV infection can be increased by . . .

13. To help combat HIV, young adults could . . .

14. Concerning HIV infection, teenagers need to know . . .

# WORKSHEET: 3 **UNCLE BILL'S ADVICE COLUMN**

Pretend that your name is Uncle Bill and that you have an advice column in the newspaper. People send letters to you about personal problems, and you suggest a solution.

**Directions**: On another piece of paper, give your advice for solving the problem of each letter below.

## LETTER 1

*Dear Uncle Bill:*

*I've read that people die when they are diagnosed with AIDS, and that the number of AIDS cases is growing very rapidly. I don't want to take any chances of getting AIDS. What's the surest way I can keep from getting AIDS?*

*For-Sure Sam*

## LETTER 2

*Dear Uncle Bill:*

*Because of all the publicity about AIDS, I've become very afraid of getting it. My boyfriend and I have sex with each other only, and we don't use intravenous drugs. What's my chance of getting AIDS?*

*Afraid Alice*

## LETTER 3

*Dear Uncle Bill:*

*I have had sex with someone who has practiced high-risk behavior. Is it possible I might have been exposed to the AIDS virus? I'd like to get tested, but I'm worried that if the results are positive, they might not be kept private.*

*Worried Wilma*

## LETTER 4

*Dear Uncle Bill:*

*My husband and I want to have a baby. However, I have been tested and I am infected with HIV. Is it safe to have a baby? Certainly we don't want our child to get the AIDS virus.*

*Unsure Ursula*

## LETTER 5

*Dear Uncle Bill:*

*A friend of mine recently developed AIDS. I know he needs my support, and I want to remain friends. But I'm scared to be around him. I heard you could get AIDS from being near a person who has it.*

*Concerned Carlos*

# WORKSHEET 4A: **PROBLEM SITUATIONS - Description of Problems**

1. Tyra hasn't had sex with anyone, but she shares needles when she uses intravenous drugs with her friends. Since reading that HIV can be passed by sharing intravenous drug needles and syringes, she wonders if she has gotten the virus.

2. Charley has sex with other people occasionally. He has heard that some people are more likely to be infected with HIV than others, but he doesn't know who. Charley wants to remain sexually active.

3. Paul dates Chris, and they often have sex. Paul doesn't have sex with others, but he thinks Chris does. Paul also believes that Chris may have had sex with someone who is at high risk for HIV infection. Neither has taken the HIV-antibody test to determine if the other has the virus. Paul wants to continue having sex with Chris, but isn't sure what can be done to prevent HIV infection.

4. Margarita works very hard to maintain good health. She reads about all aspects of health so she can know the best preventive health practices. Margarita has received a little information in school about HIV/AIDS, but doesn't feel it was enough. She wants to learn more about HIV infection and AIDS, and to keep current in the future.

# WORKSHEET 4B: **PROBLEM SITUATIONS - Answer Sheet**

Check which problem this worksheet concerns:

1 — 2 — 3 — 4 —

Solving problems involves a series of steps. These steps make up the decision making process used to discover the best solution to a problem. This activity asks you to use the major steps in solving an HIV/AIDS problem.

**Directions**: After reading the problem given on Worksheet 4A, answer the questions below. Use a separate copy of this form for each problem.

## SOLVING THE PROBLEM

1. What is **THE PROBLEM?**

2. What are **THE IMPORTANT FACTS** about the situation?

3. What are **THE POSSIBLE OPTIONS?**

4. What is **THE BEST SOLUTION?**

# WORKSHEET 5: **TALKING ABOUT HIV AND AIDS PREVENTION**

Most young people do not know how to talk about preventing HIV infection and AIDS. There are few, if any, models for them to follow. It is important that any concerns about infection be discussed with a potential sex partner. This activity is conducted to create some verbal models that can be used for such a discussion.

**Situation**: José and Carmen started dating recently and have begun to feel more close physically. José and Carmen believe they will become sexually involved, and are worried about HIV infection.

**Part A:** **Role Play**: With one other person in your class, practice talking about HIV/AIDS prevention using the above situation. Either José or Carmen gets the conversation started.

**Part B:** **Directions**: Create the answers to the questions below.

1. Describe how to get the conversation started. That is, how could the person begin to express concerns about possible exposure to the virus?

2. Identify the issues that must be discussed. Suggest some ways the issues can be handled.

3. One option is not to have sexual intercourse. What can a partner say and/or do to be sure intercourse does not occur?

4. If they decide to have sexual intercourse, what should be discussed? How does one partner insist that a latex condom must be used?

**Part C: Directions**: Describe the best situations (for example, time and place) for young adults to discuss preventing HIV infection.

**Part D: Role Play**: You may want to repeat the role-play using the information you discussed in Part B.

# WORKSHEET 6: NEGOTIATING CONFLICTS IN RELATIONSHIPS

All relationships have disagreements or conflicts. Often the persons do not have the skills to resolve the conflict. This unresolved conflict can hinder the growth of the relationship. One person may follow the wish of the other person against his or her wants and wishes. Negotiating conflicts involves several procedures, as outlined below. In this activity, you practice, in an imagined relationship, negotiating how to avoid or reduce your risk for HIV infection.

The basic components of negotiating conflict are:

1. Set the procedures. Establish the guidelines for discussing the issue. These might include such things as a time limit, agreement to speak only for one's self, agreement not to use foul, derogatory, or demeaning language, etc.
2. Describe wants and values. Each person presents an "I" message and describes why he or she took the position.
3. Explore the advantages and disadvantages of each opinion in light of avoiding or reducing the risk of HIV infection.
4. Explore possible alternatives.
5. Reach a solution. If there is no solution agreed upon, the couple decides on another time to discuss the issue or to seek the help of someone to assist them.
6. Implement the solution.

**Situation**

Bridgette and Rodney recently began dating. They have done some light sexual touching. Bridgette wants to have sexual intercourse. Rodney does not.

**Directions**

This activity involves three students. Two students pretend they are Bridgette and Rodney. They try to resolve the conflict by going through the steps of negotiating given above. The third student assists them in keeping on track. The form below can be used for recording information during the negotiations.

1. Procedures:

2. Each person's wants and values:

3. Advantages/disadvantages of each position:

4. Possible Alternatives:

5. Solution:

# WORKSHEET 7: **SEXUAL RESPONSIBILITY**

**Directions**: Provide responses to each of the questions below.

1. What factors must be considered in deciding whether or not to have sexual intercourse with someone?

2. Name several reasons for not being sexual with someone.

3. What are the advantages of young adults delaying sexual intercourse?

4. Who can help a young person in deciding on his or her sexual code of behavior?

5. How should a young person integrate the values of his or her family in making such a decision?

6. Each person decides whether to have sexual intercourse. Describe what a person can do to show control over this decision.

7. Name things a young adult couple can do to express love and affection other than having sexual intercourse.

8. If a couple decides to have sexual intercourse, what should they do to avoid or reduce the risk of HIV infection?

# WORKSHEET 8: **HANDLING PRESSURES TO HAVE SEX**

**Part A: Directions**: Provide responses to each of the questions below.

1. What types of situations might lead to pressure for young adults to have sex?

2. What are some of the factors that might help a young person resist pressure to have sex?

3. How can a young adult reduce or prevent sexual behavior that increases the risk of HIV infection? And how can the person do that while trying to remain friends with someone?

**Part B: Directions**: Create refusal or argument lines for each statement below. Also, write in other pressure lines that are not given, and then create the refusal line. Practice the refusal lines with another student. (**NOTE:** A similar activity is found in the student guide.)

| **Pressure Line** | **Refusal Line** |
|---|---|
| 1. Everyone is doing it. | *I don't believe that everyone is having sex. Anyway, I decide what to do based on what is best for me, not what others are doing.* |
| 2. Sex is a way of proving our love for each other. | _____ |
| 3. A relationship cannot be complete unless there is sex. | _____ |

4. Let's try it just once. _____

5. I've got to have sex. _____

6. We don't need to use a condom the first time we have sex since we've been friends a long time. _____

7. _____ _____

# WORKSHEET 9: **DEALING WITH INTRAVENOUS DRUG USE**

**Directions**: Provide responses to the questions below.

1. What social or personal circumstances might lead someone to use intravenous drugs?

2. How do peers pressure someone to use intravenous drugs?

3. How can a person combat peer pressure to use intravenous drugs?

4. What are ways of having fun other than using intravenous drugs?

5. How can a person try to influence others not to use intravenous drugs?

# WORKSHEET 10: ASSESSING BEHAVIORAL RISKS FOR HIV INFECTION

**Directions**: Indicate your response for each statement by making an "X" over the chosen answer. "Probably" is the correct answer to questions scientists have not yet reached a definite yes or no decision about. If you are uncertain of the correct answer, mark "not sure."

**Can a person become infected with HIV from the following**:

| | | | | | |
|---|---|---|---|---|---|
| 1. | Touching someone infected with HIV? | yes | no | probably | not sure |
| 2. | Attending school or public events with someone infected with HIV? | yes | no | probably | not sure |
| 3. | Using someone else's make-up or comb? | yes | no | probably | not sure |
| 4. | Using public toilets? | yes | no | probably | not sure |
| 5. | Swimming in a pool? | yes | no | probably | not sure |
| 6. | Being bitten by mosquitoes or other insects? | yes | no | probably | not sure |
| 7. | Giving blood? | yes | no | probably | not sure |
| 8. | Having a blood test? | yes | no | probably | not sure |
| 9. | Having vaginal intercourse? | yes | no | probably | not sure |
| 10. | Having anal intercourse? | yes | no | probably | not sure |
| 11. | Having oral sex? | yes | no | probably | not sure |
| 12. | Dry kissing? | yes | no | probably | not sure |
| 13. | Having more than one sex partner? | yes | no | probably | not sure |
| 14. | Having sex with persons at increased risk for having HIV? | yes | no | probably | not sure |
| 15. | Sharing intravenous drug needles and syringes? | yes | no | probably | not sure |

**Can a person reduce the chances of becoming infected with HIV by:**

| | | | | | |
|---|---|---|---|---|---|
| 1. | Not having sexual intercourse (practicing abstinence)? | yes | no | probably | not sure |
| 2. | Having sexual intercourse only with an uninfected partner? | yes | no | probably | not sure |
| 3. | Using latex condoms (rubbers) during sexual intercourse? | yes | no | probably | not sure |
| 4. | Avoiding the exchange of semen, vaginal fluids, or blood during sex? | yes | no | probably | not sure |
| 5. | Not having sexual intercourse with a person who uses intravenous drugs? | yes | no | probably | not sure |
| 6. | Urinating after sexual intercourse? | yes | no | probably | not sure |
| 7. | Douching after sexual intercourse? | yes | no | probably | not sure |
| 8. | Taking birth control pills? | yes | no | probably | not sure |
| 9. | Not sharing intravenous drug needles or syringes? | yes | no | probably | not sure |

# WORKSHEET 11: **PROMOTING RESPONSIBLE ROLE MODELS**

Serving as a positive role model is one valuable way a person can help support efforts to prevent the spread of HIV infection. Behavior demonstrating you avoid or reduce the risk of HIV infection may influence others. Also, you can try to do other things to promote the peer norms in your area to help others avoid or reduce their chances of HIV infection.

**Directions**: Provide responses to each of the questions below.

**Part A: Being a Responsible Role Model**

1. In what way can a person be a positive role model?

2. What can people say to others to explain why they choose behavior that avoids or reduces the risk of HIV infection?

**Part B: Promoting Responsible Peer Norms**

1. What can people do to influence peers to be supportive of avoiding or reducing the risk of HIV infection?

2. What could you do to teach others how to resist peer pressure to engage in sexual or drug-using behaviors that increase the risk of HIV infection?

3. **Role Play**: Imagine you are trying to persuade another person to avoid or reduce the risk of HIV infection. This individual, however, resists your suggestions. With another person, conduct this "argument."

# WORKSHEET 12: **HELP SOURCES**

**Part A: Finding HIV/AIDS Help Sources**

1. Who might be able to help you locate HIV/AIDS information, counseling, testing, or other help?

2. With another person, locate an AIDS phone number in the telephone book. Your teacher can give you some hints. If you have trouble finding a number, call the local health department or crisis hotline. Once you have found the number, write it below and on the form on the inside cover of the student guide if it is your copy to keep.

**Part B: HIV Testing**

1. Sometimes people are not sure if they should get tested for the HIV antibody. Name the circumstances in which a person should consider getting counseled and tested.

2. What are the obstacles to getting HIV counseling and testing? How can the obstacles be broken down?

3. **Role Play**: Imagine you are trying to persuade another person to get HIV counseling and testing. Create a convincing argument and practice using it with a partner who is not sure testing is necessary.

Association for the
Advancement of Health Education

American Alliance for
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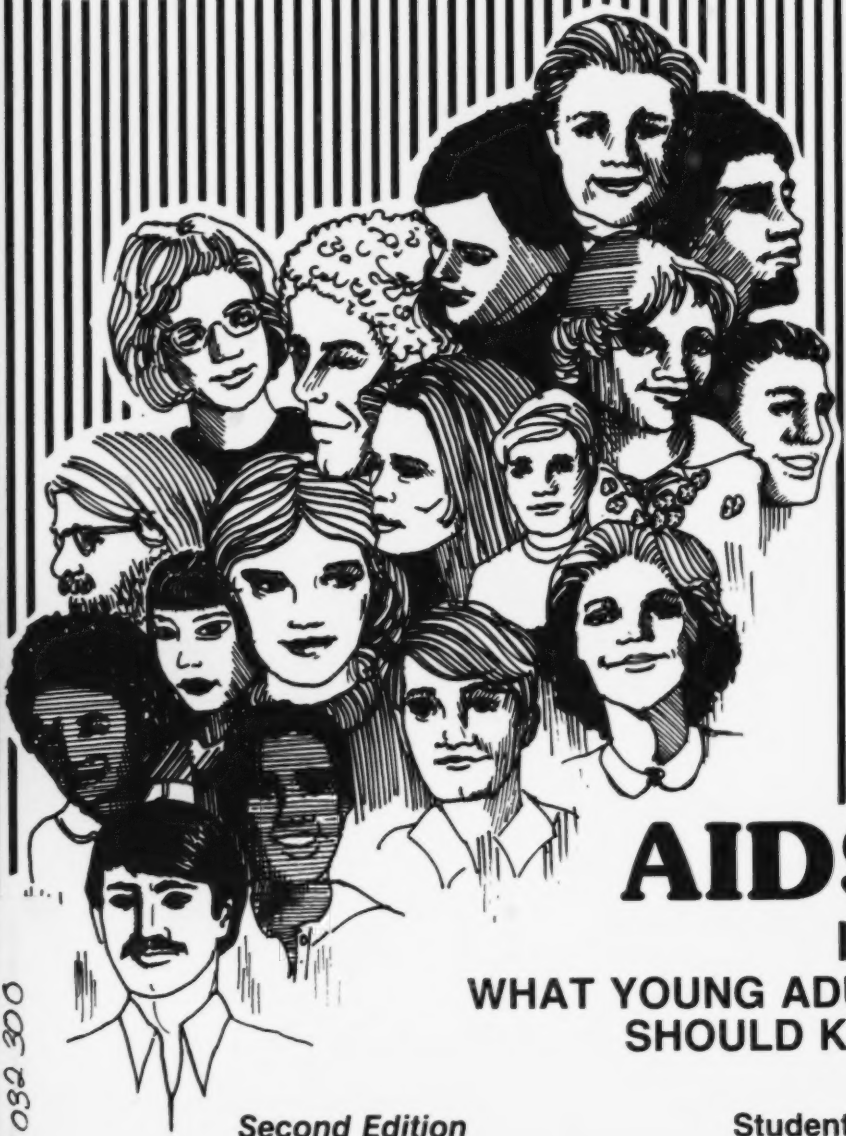

# AIDS:

## WHAT YOUNG ADULTS SHOULD KNOW

*Second Edition*

**Student Guide**

SP 032 300

## AIDS/STD INFORMATION SOURCES

Sources for AIDS/STD help in your community:

1. _____ 2. _____

_____ _____

_____ _____

To learn of the nearest place for AIDS/STD medical care or to get the latest information, call:

Local AIDS Hotline _____
(telephone number)

-or-

National AIDS Information Line

English-speaking: 1-800-342-AIDS
1-800-342-2437

Spanish-speaking: 1-800-344-SIDA
1-800-344-7432

Hearing-impaired: 1-800-AIDSTTY
1-800-243-7889

or

STD National Hotline
1-800-227-8922

(In California, 1-800-982-5883)

(In Alaska and Hawaii call your local health department)

* * *

Minors can get STD treatment without parental consent in every state. That's the law.

# AIDS: WHAT YOUNG ADULTS SHOULD KNOW

## STUDENT GUIDE

***Second Edition***

William L. Yarber
Department of Applied Health Science
Indiana University
Bloomington, Indiana

A Project of the
Association for the Advancement
of Health Education
an association of the
American Alliance for Health, Physical Education,
Recreation and Dance

Scientific Assistance Provided by the
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Center for Chronic Disease Prevention
and Health Promotion
Centers for Disease Control

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This publication is designed for grades 7-12. It may be usable for young adults above grade 12.

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Second Edition

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Physical Education, Recreation and Dance
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# PURPOSES OF THE AMERICAN ALLIANCE FOR HEALTH PHYSICAL EDUCATION, RECREATION, AND DANCE

The American Alliance is an educational organization, structured for the purposes of supporting, encouraging, and providing assistance to member groups and their personnel throughout the nation as they seek to initiate, develop, and conduct programs in health, leisure, and movement-related activities for the enrichment of human life.

Alliance objectives include:

1. Professional growth and development—to support, encourage, and provide guidance in the development and conduct of programs in health, leisure, and movement-related activities which are based on the needs, interests, and inherent capacities of the individual in today's society.

2. Communication—to facilitate public and professional understanding and appreciation of the importance and value of health, leisure, and movement-related activities as they contribute toward human well-being.

3. Research—to encourage and facilitate research which will enrich the depth and scope of health, leisure, and movement-related activities; and to disseminate the findings to the profession and other interested and concerned publics.

4. Standards and guidelines—to further the continuous development and evaluation of standards within the profession for personnel and programs in health, leisure, and movement-related activities.

5. Public affairs—to coordinate and administer a planned program of professional, public, and governmental relations that will improve education in areas of health, leisure, and movement-related activities.

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Bylaws, Article III

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# INTRODUCTION

There is no cure or vaccine for human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS). But, they are both preventable. They can be prevented by avoiding behavior that results in infection. This guide will inform you about what AIDS is and how HIV is transmitted. You will learn what a person can do to keep from becoming infected with HIV. You will also learn how to prevent the spread of HIV and AIDS.

Accurate knowledge about HIV infection is important to all young adults. This is true whether or not you are at risk. Some young people become infected with HIV because of their sexual practices or intravenous drug use. Many are also at risk for other sexually transmitted diseases (STD). STD are among the most common communicable diseases of young adults. There were 350,000 cases of STD reported last year in the United States in persons under age 25. Undoubtedly, many more cases were not reported. The suggestions given here for preventing HIV infection will also help protect you from all STD.

It is hoped that after reading this guide you will follow HIV prevention strategies. *Individual prevention efforts are the key to avoiding infection and stopping the HIV epidemic.*

SELF-TEST I

# HIV Infection and AIDS - Facts or False Ideas?

For each statement below, circle the letter (T, F, or U) that reflects your belief about the statement. Record your answers here if this book is yours to keep, or on another sheet if it is not. This test will not affect your grade. Although it is not required, it will help you to learn how much you already know about HIV infection and AIDS. HIV is the virus that causes AIDS.

After reading this guide, it would be useful to answer these questions again to see how much you learned.

Answer Key: T = True; F = False; U = Undecided

T F U 1. Everyone infected with HIV has developed AIDS.

T F U 2. HIV destroys certain cells that help the immune system protect a person from diseases.

T F U 3. A person with HIV can pass it on even though that person shows no AIDS symptoms.

T F U 4. During sexual activity, HIV can be transmitted through semen and vaginal fluids.

T F U 5. Drug users who share drug needles or syringes are at a very high risk for getting HIV.

T F U 6. A person can get HIV from *giving* blood.

T F U 7. Only homosexual or bisexual men get infected with HIV.

T F U 8. HIV infection is not a problem among Blacks and Hispanics.

T F U 9. Women can transmit HIV to their male sex partners.

**T F U** 10. A positive antibody test for HIV means that the person is infected with HIV and that there are antibodies in the person's blood.

**T F U** 11. Students who have engaged in high-risk sexual or intravenous drug using behaviors can get confidential HIV counseling and testing.

**Answers**: The correct answers are given below. Information related to each statement is given in this book. The page where you can learn more about each statement follows the answer.

1. F, p. 7
2. T, p. 7
3. T, p. 8
4. T, p. 13
5. T, p. 13
6. F, p. 14
7. F, p. 13
8. F, p. 10
9. T, p. 13
10. T. p. 14
11. T. p. 15

SELF-TEST II

# Thoughts About HIV Infection and AIDS

For each statement below, circle the symbol ( − , 0, or + ) that most clearly describes what you think. Record your answers here if this book is yours to keep, or on another sheet if it is not. This test is not required, but you might enjoy learning about some of your beliefs concerning HIV infection and AIDS. After reading this guide, it would be interesting to answer these questions again to see if your beliefs have changed.

| | | | |
|---|---|---|---|
| 1. HIV infection is not as bad as the media portrays it. | − disagree | 0 neutral | + agree |
| 2. People with HIV infection get what they deserve. | − disagree | 0 neutral | + agree |
| 3. HIV/AIDS education in schools is a waste of time. | − disagree | 0 neutral | + agree |
| 4. Teenagers do not need to be taught how to avoid HIV infection. | − disagree | 0 neutral | + agree |
| 5. Persons practicing sexual abstinence or fidelity to avoid HIV infection are over-reacting. | − disagree | 0 neutral | + agree |
| 6. Persons do not need to use a condom when having sex with someone they know well. | − disagree | 0 neutral | + agree |
| 7. Students with HIV infection should not be allowed to attend school. | − disagree | 0 neutral | + agree |
| 8. People with HIV infection should not be permitted in public. | − disagree | 0 neutral | + agree |
| 9. One should stop being friends with a person who has AIDS. | − disagree | 0 neutral | + agree |

| | | | |
|---|---|---|---|
| 10. More help should not be given to persons with HIV infection or AIDS. | − disagree | 0 neutral | + agree |
| 11. HIV/AIDS research is not needed. | − disagree | 0 neutral | + agree |

**If you circled:**

− Reflects an attitude which can help prevent HIV infection and AIDS.

0 Reflects no opinion.

+ Reflects a lack of understanding about how to prevent HIV infection and AIDS.

Did you know that:

1. HIV is passed (1) during sex, (2) by intravenous drug "works" (needles and syringes) that contain blood having the virus, and (3) from an infected woman to her child during pregnancy, delivery, or breast-feeding.
2. Sexual abstinence, sexual fidelity, condom use, and avoiding intravenous drug use are the best ways to prevent infection.
3. There is no cure or vaccine for HIV infection or AIDS.

# AIDS: WHAT IT IS

The **acquired immunodeficiency syndrome***, or **AIDS**, is a serious health problem in our country. First reported in 1981, AIDS is caused by a **virus** that can destroy the body's ability to combat certain **infections** and cancers. Persons with AIDS usually develop or acquire diseases that can lead to death. Over 50 percent of persons ever diagnosed with AIDS in the United States have died. No one has completely recovered from AIDS. Most people with AIDS have lived less than two years after the **diagnosis** is made.

## The Cause of AIDS

Researchers have found that AIDS is the worst end result of an infection caused by a certain virus. The virus has been given different names. The preferred term now is **human immunodeficiency virus**, or **HIV**.

## How HIV Infection Differs From Having AIDS

HIV infection means having HIV in the body. When a person has the virus, he or she is considered to be infected whether

*Some words are in boldface type. Each of these terms is defined in the Glossary on page 34.

or not AIDS ever develops. Not all persons with HIV infection have developed AIDS. Having AIDS means the virus has done enough damage to allow certain severe diseases to become established in the person. These diseases are usually what makes a person with AIDS so ill.

## What Happens When a Person Has an HIV Infection

HIV destroys certain cells that help the **immune system** protect a person from diseases. Persons with HIV infection may get many illnesses that are usually not acquired by people with a healthy immune system. These diseases, known as **opportunistic diseases**, are frequently severe and can cause death. Many persons having HIV infection do not know they are infected until **symptoms** develop. Even then, they cannot tell whether it is HIV that is causing the symptoms. They must go to a doctor or clinic to get a test to tell for sure. Generally, before being classified as having AIDS, an HIV-infected person must also have an opportunistic disease or certain other serious conditions. Two common opportunistic diseases are a lung infection called ***Pneumocystic carinii*** **pneumonia (PCP)** and a cancer, **Kaposi's sarcoma (KS).**

## Symptoms of HIV Infection

The symptoms of HIV infection may not appear for a long time after the person gets infected with HIV. The **incubation period** (the time between acquiring the virus and having symptoms) ranges from a few months to ten years or more. Initial symptoms of HIV infection usually are the same as those of common minor illnesses, such as the cold or flu.

Symptoms of persons infected with HIV can include the following: tiredness, swollen lymph glands, fever, loss of appetite and weight, diarrhea, and night sweats. The presence of these symptoms *may* indicate an HIV infection. It is easy to confuse these symptoms with other infections. Some persons infected with HIV have these symptoms all the time. Most have periods of both health and illness. However, over time the symptoms may become more frequent and severe.

A person cannot determine for sure if he or she has an HIV infection. Only a health care professional can diagnose the con-

dition. Anyone who has symptoms of HIV infection for more than two weeks should see a physician.

## Infection Leading To AIDS

The percentage of persons with HIV infection who develop AIDS is not known exactly, but it is high. However, U.S. Public Health Service scientists have observed that up to 48 percent of HIV-infected persons have developed AIDS within ten years after becoming infected. More infected persons are expected to develop AIDS in time. The final percentage of persons developing AIDS is not yet known. For persons developing AIDS, it can take years for the symptoms to appear. HIV can be **transmitted** soon after a person becomes infected and probably throughout that person's life.

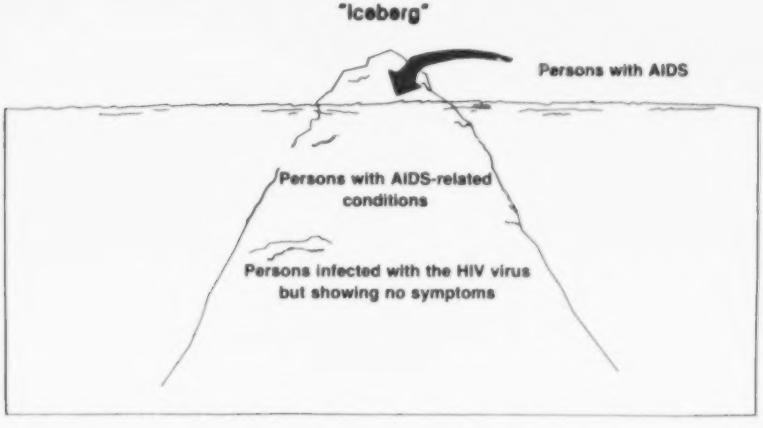
## No Cure or Vaccine

As yet, there is no cure for AIDS. Nor is there a **vaccine** to prevent infection with the virus. HIV/AIDS has become one of the top research priorities of the U.S. Public Health Service. Many scientists are working hard to develop prevention and treatment methods.

# HIV/AIDS: THE SIZE OF THE PROBLEM

The number of AIDS cases is increasing in the United States as well as in many other nations. Since AIDS is the end result of a long period of HIV infection, the number of AIDS cases is like the tip of a very large iceberg. (See Figure 1.) For instance, scientists estimate that 1 to 1.5 million persons of the 240 million in the U.S. are infected with HIV. The Public Health Service projects that by the end of 1992, a cumulative total of 365,000 persons will have been diagnosed with AIDS and that 263,000 of these persons will have died.

**Figure 1: AIDS: THE SIZE OF THE PROBLEM**


"Iceberg"
Persons with AIDS
Persons with AIDS-related conditions
Persons infected with the HIV virus but showing no symptoms

## HIV/AIDS in the United States

In the U.S., the largest number of diagnosed AIDS cases has been among: (1) male **homosexuals**, or males who had sex with other males and (2) male **bisexuals**, or males who had sex with both males and females. Some of these people were also **intravenous drug** users.

AIDS has also been diagnosed among **heterosexuals**. In these cases, at least one sexual partner is or has been at risk for HIV infection. For example, some cases of heterosexual transmission can be traced to a partner who has been an intravenous drug

user; HIV infection is prevalent among such persons. In other cases, HIV was transmitted through the sex partners of males or females who acquired the virus through infected blood or blood products.

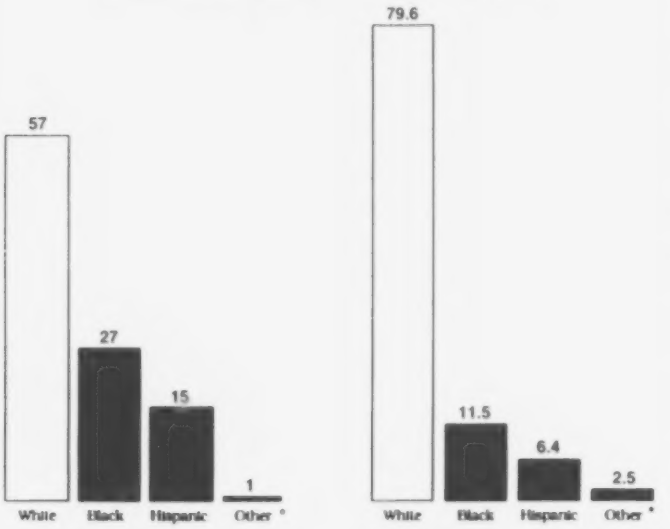
Some persons with AIDS were **recipients** of tranfused blood or certain **blood-clotting factors**. Nearly all of these persons became infected with HIV before screening of blood donations began in 1985. Lastly, many children of infected mothers became infected with HIV before or during birth.

People infected with HIV live in every state in the U.S. They live in cities, in suburbs, in small towns, and in rural areas. In 1985, fewer than 60 percent of AIDS cases reported in the U.S. occurred in people living outside New York City and San Francisco. But by 1991, more than 80 percent of the cases will be reported from these areas.

Males and females, adults and teenagers are infected. Most persons who have AIDS are in the late 20s through the 40s. Because of the few AIDS cases occurring in persons below age 20, many teenagers do not believe that young people need to worry about HIV infection. These misinformed young adults do not understand that certain sexual activity and intravenous drug use practices can put them at risk. Also, it is important to know that about 21 percent of AIDS cases have been in the 20-29 age group. AIDS has a long incubation period between infection with the virus and the appearance of symptoms. This means that some persons in the 20-29 age group probably acquired the virus when they were teenagers. Hence, teenagers who practice risky sexual behaviors or who use intravenous drugs may become infected with HIV, but the symptoms may not appear until they are in their 20s.

People of every race are infected, including Whites, Blacks, Hispanics, Native Americans, and Asian/Pacific Islanders. Among Blacks and Hispanics the number of new AIDS cases is growing more rapidly than it is for Whites. Thus, the number of AIDS cases among Blacks and Hispanics is greater in proportion to their percentage of the total U.S. population than for Whites. That is, Blacks make up about 12 percent of the U.S. population, but account for about 27 percent of the reported AIDS cases. Hispanics represent about 6 percent of the population and account for about 15 percent of the AIDS cases. (See Figure 2.)

**Figure 2: Comparison of U.S. AIDS Patients and the U.S. Population Percentages by Race/Ethnicity, April 1989**




*Asian, Pacific Islander, American Indian, and Alaskan Native

Intravenous drug use, heterosexual activity, and male homosexual and bisexual activity, play an important role in HIV transmission among Blacks and Hispanics, just as they do in other race/ethnic groups. Further research is needed to better understand the reasons for the proportionately higher rates of AIDS cases among Blacks and Hispanics. Meanwhile, education and health officials must make major efforts to teach Blacks and Hispanics how to avoid HIV infection.

## HIV/AIDS Outside the United States

AIDS has been reported in nearly all nations. By the fall of 1989, over 140 countries had reported at least one AIDS case to the World Health Organization.

The majority of persons with AIDS in our country and most European nations are homosexual men, bisexual men and intravenous drug users. However, in other countries, AIDS is more common among heterosexual men and women. In some

central African countries, HIV seems to be mainly transmitted by heterosexual contact. Nearly equal numbers of females and males are infected there. Having many heterosexual partners and certain **sexually transmitted diseases (STD)** seem to be important risk factors. Also, heterosexual transmission appears to be increasing in some parts of Latin America and the Caribbean. These facts suggest that heterosexual transmission is an important way HIV infection is spread.

# HIV: HOW IT IS TRANSMITTED

## Methods of Transmission

HIV may be present in certain body fluids, mainly blood, **semen**, and **vaginal fluids**. Anyone — heterosexual, homosexual, or bisexual — engaging in risky behavior with an infected person can acquire the virus from these fluids. Who you are has nothing to do with your chance of being infected. It is *behavior* that puts you at risk.

There are only three ways HIV can be transmitted:

1. *SEXUAL CONTACT*

**Sexual intercourse** is the most common way HIV is transmitted. It can be passed when an infected person has **vaginal intercourse** or **anal intercourse**. **Oral-genital** or **oral-anal** sex may also be ways HIV is transmitted. Anal intercourse can result in tears of the tissues of the **rectum** that can help the virus pass from one person to the other. A person of either sex can transmit the virus to the other sex. Males can pass HIV to other males during sex. However, there have been hardly any female to female sexual transmissions of HIV.

Other STD such as gonorrhea, syphilis, herpes, and chlamydia can also be contracted through intimate sexual behavior. A person who has a sexually transmitted disease and engages in risky behavior with an HIV-infected person may have a greater chance of becoming infected with HIV.

2. *EXCHANGE OF BLOOD*

Blood-to-blood contact between an infected person and someone else is the second most common way HIV is passed. This method of transmission is now almost entirely limited to persons injecting **illicit drugs**. The sharing of **intravenous drug needles, syringes**, and other drug equipment allows the exchange of blood.

Early in the HIV epidemic, some infections were transmitted by **transfusions** of blood or certain medicines made from blood. For example, many persons with **hemophilia** became infected this way. Since 1985, donated blood is screened using tests that detect **antibodies** to HIV. Any blood having the antibodies is not used for transfusion. Donors of semen and body organs must also be tested for HIV antibodies. Also, the blood clotting

factors given to people with hemophilia now receive a special treatment that kills HIV.

The HIV-antibody tests do an excellent job of detecting HIV antibodies. Thus, the blood supply is now far safer than it was in the early years of the AIDS problem. Also, persons who are at risk for having the virus are requested not to donate blood. It is now very unlikely for a person to become HIV-infected from blood transfusions. To be absolutely safe, some people who know they will have surgery donate their own blood a few weeks before surgery. This blood is stored in a blood bank and then given back to the donor during surgery if that person needs it.

Lastly, a person cannot get infected from *donating* blood. All equipment used to collect blood donations is **sterile**.

3. *MOTHER TO CHILD*

About one percent of AIDS cases in the U.S. occur in children. Most children with HIV contracted it from their infected mothers during pregnancy or childbirth. If a woman is infected, her child has about one chance out of two of being born with the virus. The virus may also be transmitted by breast-feeding. Hence, women who have a positive HIV-antibody test should avoid pregnancy or, if recently delivered a child, should not nurse. Also, women thinking about becoming pregnant should find out if their partner has the virus. Women who are or who plan to become pregnant should insist that their partner use a condom if he may have practiced risky sexual behavior or used intravenous drugs.

## Knowing If Someone Is Infected

Since HIV is *not* transmitted by **casual contact**, most people do not need to worry about whether those around them are infected. Preventive counseling and the HIV-antibody test are available to persons who have engaged in risky behavior or suspect they may be infected. A positive test result means that a person has been infected with HIV and that there are antibodies in the person's blood. It is important to know that a positive test result does not mean that the person will develop AIDS, but the odds are great. Some persons with the positive test have become ill and others have not. The percentage who will become ill is high. Testing positive also means that the person can transmit the virus. Therefore, people who are in-

fected should practice **sexual abstinence** or low-risk behavior and never use or share intravenous drug needles and syringes.

The HIV-antibody test is very accurate. However, no medical test is perfect. For example, a few persons' test results may be positive when there are no antibodies present (called false positives). This is why every positive test is repeated, at least twice, before a person is informed of the test results. Nearly all false positive results are excluded by this process.

A negative test means that no HIV antibodies were found in the person's blood. This may mean that the person has not been infected with the virus. The test result may also be negative if the blood sample is taken soon after the person got infected. There may not have been enough time for the antibodies to develop. In general, it takes between 6 and 12 weeks for enough antibodies to develop to show up on the test. Therefore, persons who have practiced risky behaviors within 12 weeks of a negative test may need to take another test. This is something they should discuss with the doctor or health counselor. Sometimes an infected person may test negative when there are antibodies present. This is called a false negative. These cases are rare.

If a person does not practice risky behavior, there is no need to take an HIV-antibody test. If someone is at risk, it may be wise for that person to talk with a doctor or health care counselor about taking the test. Some people have concerns about the **confidentiality** of test results. Local or state health departments provide confidential counseling and testing for all persons, including teenagers. Some health departments also provide **anonymous** testing. Knowing their test results can help infected people make important decisions about their health and the health of others.

It is a very bad idea for someone to donate blood to find out if they are infected with HIV. It is best to have HIV counseling and testing through the health department or a doctor.

## Other Concerns About Transmission

Many people have developed a strong fear of AIDS. This fear has come about for several reasons. For example, people know that AIDS is a deadly disease. Information about HIV infection and AIDS is reported almost daily in newspapers and on radio and television. There are many myths about how the virus is transmitted.

For some persons, fear of HIV infection is justified. They are at risk because of their sexual behavior or use of intravenous drugs. But for most people, fear of HIV infection is *not* justified.

HIV is not highly contagious. It is *not* spread by casual, social, or family contact. Many transmissible diseases like the cold, flu, or measles are passed through sneezing, coughing, sharing of utensils, or being near an infected person. HIV infection is *not*. It is different. Studies have been done to see if persons infected with HIV might pass it nonsexually to others living in the same household. No cases were found where HIV infection was transmitted by just being near infected persons.

People can work with others, use public toilets, telephones, and swimming pools, eat at restaurants, and attend public events without the fear of getting HIV. You have no risk of getting the virus, for example, when eating with, or shaking hands with, a person who is infected with HIV or who has AIDS. You will not get it by being on a bus, train, or crowded elevator with a person who has the virus. Also, children with HIV infection pose no risk for other students in schools.

HIV has been found in **saliva** and tears of a small percentage of HIV-infected persons. In these people, the amount of the virus found in these fluids is very small. This may explain why there have been no reported cases where the virus was passed through these fluids. In theory, deep, open-mouth ("French") kissing could transmit HIV through direct exposure of mucous membranes to infected blood or saliva. However, there have been no reported cases of HIV transmission by such kissing. You cannot get the virus from sweat, tears, **urine**, or a bowel movement. Also, persons caring for another family member with AIDS who take common sense precautions are not at risk for HIV infection.

Some people have worried that insects, like mosquitos, can spread HIV. However, insects are not capable of transmitting the virus. There are no cases that have occurred in this way. Studies of persons with AIDS in central Africa and in Florida indicate that transmission only occurs through sexual contact or the use of unsterile needles or syringes. You will not get HIV from bed bugs, lice, flies, or other insects either.

Remember, HIV is passed:

- through sexual intercourse (vaginal, anal, and probably oral),
- by infected blood in intravenous drug equipment, and

- from an infected woman to her child during pregnancy, delivery, or breast-feeding.

# HIV INFECTION: HOW IT CAN BE PREVENTED

Persons can reduce their risk of getting HIV by doing certain things. The behaviors listed below should be followed to prevent the spread of the virus.

## Risk Reduction Related to Sex

A person who is sexually active can get or spread HIV during sex. The sexual precautions for preventing HIV infection are like those used for other STD. Some of these behaviors may also prevent unwanted pregnancy.

1. *SEXUAL ABSTINENCE*

The most certain way of not getting an HIV infection is to avoid sexual contact with infected persons. This is best done by practicing sexual abstinence, meaning not having sex with anyone. Sexual abstinence in young adults is a normal and healthy choice. Furthermore, people who are abstinent usually have fewer problems than those who get sexually involved too early. Studies have shown that sexually active girls in grades 7-9 have less desire to go to college than their abstinent counterparts. Boys who are sexually involved have lower grades than those who abstain. Also, there are serious physical and mental health risks for early sexual activity. These include emotional trauma, vulnerability, and depression after a romance ends; sexually transmitted disease; negative side effects of many female contraceptives; and unplanned pregnancy. Teenagers who become mothers usually drop out of school and are likely to be unemployed. Their babies have lower birth weights than babies of older mothers. Also, the babies run a higher risk of dying in infancy or becoming teenage mothers themselves.

2. *SEXUAL FIDELITY*

It is very unlikely that a couple who practices **sexual fidelity** — having sex with one person only — will become infected with HIV. Sexual fidelity can occur in marriage or in a long-term steady relationship. Fidelity is effective unless one partner is infected at the start of the relationship or uses intravenous drugs and shares the needles or other drug equipment. It is not always possible to know if a partner is sexually faithful or

is infected with HIV. This is one reason why it is wise to wait for sex until a person can form a long-term, mutually faithful relationship with an uninfected person. Most religious groups believe that sex should be postponed until marriage. Other factors, such as maturity, personal and family values, and age, should also be considered when deciding whether to have sex.

3. *REDUCING THE RISK DURING SEXUAL INTERCOURSE*

Persons who engage in sexual intercourse outside of a long-term sexually faithful relationship with an uninfected person should do certain things. They should avoid sexual relationships with people who are at high risk of infection, such as intravenous drug users, and should avoid exposure to semen, vaginal fluids, and blood. This advice also applies if it is not known whether the partner is HIV infected or uses intravenous drugs. One should also avoid genital or mouth contact with a partner's semen, blood, vaginal secretions, or body waste.

The proper use of **condoms**, also called rubbers, is an important way of preventing HIV from entering one's body. Proper use includes putting a latex condom on the penis before any sexual activity begins, not just before intercourse. At the end of the condom an empty space should be left to collect semen. One should be careful not to allow the condom to slip off when the penis is removed after intercourse. Also, a condom should never be reused.

While the condom can greatly reduce chances of HIV infection, it is not 100 percent effective. It is possible for a condom to leak, break, or slip off. Using birth control foam, cream, or jelly, *along with a latex condom*, may provide more protection. **Spermicides**, such as those having nonoxynol-9, which can kill many bacteria and viruses, are strongly suggested. Some condoms are packaged with nonoxynol-9 on them. Other birth control methods, such as birth control pills, *do not protect* the user from HIV infection. The natural membrane ("sheepskin") condoms protect against pregnancy and some sexually transmitted diseases. But they do not always protect against sexually transmitted diseases caused by viruses, such as HIV and genital herpes. Therefore, it is wisest to properly use the latex condom. It will have the word "latex" on the package.

Many couples express love and affection without having sexual intercourse. This is especially important for couples who are not sure if one or both partners are infected with HIV.

4. *CAREFUL SELECTION OF PARTNERS*

Anyone thinking of having sex outside of a long-term, sexually faithful relationship with an uninfected partner should consider that anyone could be infected with HIV. It is impossible to determine if a person is HIV infected by just looking at him or her. Therefore, it is important to know if a partner is at risk, or has had partners at risk. One should feel free to discuss concerns about HIV infection and AIDS with any possible partner. Stating that you care about the health and well-being of both of you can be a way of starting the discussion. One should not have sex with a person who will not talk about such issues.

Having sex with any of the following increases your chance of HIV infection:

- persons who test positive for HIV
- persons with medical evidence of HIV infection
- males who have had sexual intercourse with other males
- persons who have used intravenous drugs
- persons who have had several sex partners
- persons who have had any sexually transmitted disease
- female and male **prostitutes**
- persons who received blood-clotting products and blood transfusions before 1985
- sex partners of infected persons or persons at increased risk

Anyone who is HIV infected can transmit the virus to others. It is not always possible to know if a person is at increased risk. Therefore, either sexual abstinence or fidelity is the surest way to protect oneself. Another way to greatly reduce, but not eliminate, risk of infection is to insist that new sexual partners be tested before starting sex with them. Old test results are not reliable, especially if the person has since engaged in risky behaviors. If you do not choose one of these ways, it is important for you to use a latex condom. Proper condom use can *reduce* but not eliminate your chances of infection.

5. *AVOID MULTIPLE SEX PARTNERS*

The more sex partners a person has, the greater the chance of getting an HIV infection, even if condoms are used.

## Risk Reduction Related to Drug Abuse

Persons using intravenous drugs often share their needles and syringes. This can result in a small amount of blood being

exchanged. If the blood contains HIV, then the virus can be passed to anyone who uses the needle or syringe.

The best way of not getting HIV from drug needles and syringes is not to use intravenous drugs. If a person does use illicit drugs, needles should never be shared or reused. Since use of intravenous drugs has major health risks, users should seek help in a drug treatment program.

A person using intravenous drugs is more likely to acquire certain diseases. Drugs like alcohol, **amphetamines** (speed), **marijuana**, and **nitrites** ("poppers") all cause health problems. Also, drug use may alter one's judgement causing the person to try a high-risk behavior.

## Effective Communication With Others

One important task of becoming a mature adult is developing the ability to communicate with others. Persons need to learn how best to communicate their thoughts, feelings, values, needs, and standards of behavior. Good communicators are less likely to do things against their values or beliefs. It is very important that a dating couple be able to talk effectively with each other.

To be a good communicator, you should be clear about your values. Then you should stand by them. You might plan what to say and do if someone tries to pressure you into unwanted sex or intravenous drug use.

There are many ways to improve communication. Here are a few,

- picking a good time and place to talk
- deciding what to say at the beginning
- talking about why talking is important
- using "I" messages
- using nonverbal messages, such as eye contact
- listening carefully
- providing feedback
- respecting the other person's views and values
- being specific about your values and needs

Being a good communicator takes practice and work. You might talk to your parents, a counselor, teacher, or religious leader to learn how to improve your ability to communicate with others about values.

## Control Strategies

As stated earlier, there is no cure or vaccine for HIV infection or AIDS. Drugs to destroy the virus and restore the immune system are being researched, but are not yet available. Some drugs inhibit the growth of HIV and the patient's health improves to the point where periods of fairly healthy life are often possible. However, the person still has HIV infection and still can die of AIDS.

Scientists are also trying to create new treatments and an HIV vaccine. These tasks have been very difficult. There are many obstacles to overcome, and even though progress is being made their discovery is not expected soon.

Education is still the best way to prevent HIV infection and AIDS. Health education programs are being conducted that are aimed at the general public and high-risk groups. These programs try to show people the advantages of adopting low-risk behaviors.

Persons who practice risky behavior are encouraged to get counseling and take the HIV-antibody test. Infected persons are taught how to avoid infecting others. They must not donate blood, semen, or body organs and tissues. Persons with a positive test are encouraged to get their sex and needle-sharing partner(s), and perhaps their babies and children, tested for HIV infection. Since persons testing positive often assume they will develop AIDS, a positive test can cause anxiety and depression. Therefore, it is wise for those seeking HIV testing to request counseling. Importantly, those with negative results are encouraged to practice behaviors that reduce their chances of infection.

# HIV/AIDS: WHAT ELSE I NEED TO KNOW

## Promoting HIV/AIDS Prevention Efforts

Resources and human concern related to HIV infection and AIDS have been increasing. But, there is more that can be done. Often, people can do as much to solve a health problem as medicine and the government. Individuals like you can do certain things to help.

1. *SERVE AS A RESPONSIBLE ROLE MODEL*

One of the most important things you can do is to serve as a positive role model for your peers. If you practice abstinence and do not engage in intravenous drug use, you are setting a healthy example for your peers and those younger than you. Your responsible health behaviors, and your advocating these behaviors in discussions with friends, may influence others to practice the same lifestyle. This strategy also means that you should not pressure others to practice risky behavior.

2. *PROMOTE HEALTHY PEER NORMS*

Some young people engage in behaviors that expose them to HIV infection. These behaviors are often considered to be the standards or "norms" of behavior for all young adults. There are several reasons why young people engage in risky behaviors. For example, some may believe that they cannot get HIV. Others may believe that all, or most, young people are engaging in risky behaviors. Peers may pressure them to behave a certain way. Also, some may have concluded that risky behaviors are the only ways to have fun.

As a person who knows the important HIV/AIDS facts, you can try to influence the peer norms to be more healthy. You can, for example, inform your peers that not all young people are engaging in risky behaviors and that avoiding these behaviors is both "normal" and "wise". You can teach others how to deal with peer pressure. Also, you can discover and promote ways of having fun that do not expose persons to infection.

3. *CORRECT MISINFORMATION*

There are many false ideas about HIV and AIDS. When talking with others, you can correct such fallacies. You can help create and support, in your school or town, an HIV/AIDS resource center of accurate information. The center could contain articles, research reports, pamphlets, and books. Call your state or local health department or the National AIDS Information Line (see inside front cover for telephone number) for ideas about materials.

4. *SUPPORT A FRIEND WHO HAS AIDS*

Many persons with AIDS have been mistreated. Some have lost jobs and homes. Others have been denied medical and social services. Still others have been rejected by family, friends, and co-workers. Hence, many persons with AIDS have felt isolated and emotionally distressed.

If a friend develops AIDS, you may be fearful and confused about what to do. First, remember that HIV is not passed by casual contact. This means that hugging and handholding, for example, will not infect you.

The friend needs your support and understanding. You should treat the person as you have in the past. Tell the person that you will continue being a friend. Continue sharing activities and conversation. The friend may want to discuss worries and concerns. Listen.

The families of persons with AIDS also need help. They may be living with the fact that their loved one is dying. Concerned friends can be very valuable to these families.

5. *PROVIDE FINANCIAL SUPPORT*

Financial and other resources are needed to conquer AIDS. Funds can help many projects, such as educational programs and medical research. Health care services are needed. Support services for persons with AIDS and their families and friends are valuable. If you want to help, you might help organize and/or support fund-raising drives through a club or similar group. If there is a local HIV/AIDS service agency in your area, call to see what you can do.

6. *VOICE CONCERN TO OFFICIALS*

Schools, businesses, and government agencies are developing policies and laws concerning HIV infection. You should be alert to legislation being proposed, and make your opinions known to officials and legislators. All people can be advocates for HIV education, research, and health care services.

*7. SERVE AS AN HIV/AIDS VOLUNTEER*

There are several ways a person can volunteer. Besides being an information resource, you can assist persons with AIDS and their families. For example, some may need transportation to treatment or help in home care. Volunteers can organize an educational program or direct group efforts to influence policies and laws concerning HIV/AIDS.

## Keeping Informed About HIV/AIDS

Since HIV/AIDS is a major research priority, new information that affects us is often discovered. It is important to keep up-to-date. There are sources where you can get the latest facts. Also, there are ways you can share the information with others.

*1. SOURCES OF INFORMATION*

Contact the local or state health or education department, a physican, or a local AIDS telephone hotline for information. These sources can also provide the location of testing, health care, and support services. The local health department is usually listed in the telephone book under county or city government offices. You may also call the local information operator. Your teacher can help you learn how to contact these people or groups.

Once you have the above information, write it on the form on the inside front cover of this book. If you cannot keep this book, ask your teacher for a copy of the form. With the information on the sheet, you can easily get the details for contacting the sources if needed.

A national, toll-free telephone number can also be called. The U.S. Public Health Service has the 24-hour National AIDS Information Line at 1-800-342-AIDS (English-speaking), 1-800-344-SIDA (Spanish-speaking), or 1-800-AIDSTTY (hearing-impaired).

*2. SHARING HIV/AIDS FACTS WITH OTHERS*

Your friends or family may not be as well informed about HIV infection and AIDS as you. You can tell them that you have learned the latest facts and would be glad to share them. This guide can also be loaned to others. Ask your library to get it, plus other materials available from the health department.

The HIV/AIDS Summary Sheet, found at the back of this guide, can be distributed. It could be reprinted in your school newspaper or placed on a school bulletin board.

## Hope for the Future

As the problem of HIV infection and AIDS continues to grow, research efforts become more important. Scientists are now working hard in several areas. For example, they are trying to develop treatments for those infected. Tests to better detect evidence of HIV infection are being sought. Drugs that can help restore the immune system are being tested. Experts are studying how the virus is spread and ways to control the epidemic. It appears that the solutions to these problems are not as near as we would like. Many more resources are needed.

HIV infection is more than a medical problem. It affects the social, economic, political, and legal segments of a community. So the whole community must work together to prevent HIV infection and care for persons with AIDS. Health care workers, social and government agencies, civic and advocate groups, religious organizations, and researchers should unite to combat HIV/AIDS. As people learn more about the disease, our capacity to respond with compassion and resources will expand. By taking responsibility for your own health, by helping others to understand HIV and AIDS, and by being compassionate to those infected, you will be joining the fight against the HIV epidemic.

## CHECK-UP

PLACE ANSWERS HERE ONLY IF YOU CAN KEEP THIS BOOK:

1. What are the three ways HIV is transmitted?

   _____

   _____

   _____

2. What device, if properly used, can provide an important way of preventing HIV from entering a person's body during sex?

   _____

3. It is nearly impossible for a couple to become HIV infected when both are sexually faithful to one another.
   TRUE FALSE
4. The fear of HIV infection from casual contact is justified.
   TRUE FALSE
5. Only homosexual and bisexual males get AIDS.
   TRUE FALSE

*Answers to Check-up:*

1. HIV is passed (1) during sexual intercourse, (2) by infected blood in shared intravenous drug needles or syringes, and (3) from an infected woman to her child during pregnancy, delivery, or breast-feeding.
2. The condom. It should be used during all types of sexual contact. The latex condom provides the best protection.
3. TRUE. The chance is nearly zero unless one person was infected with HIV when the relationship began, or becomes infected.
4. FALSE. This virus is not spread by casual, social, or family contact.
5. FALSE. Heterosexual females and males have gotten HIV infection and AIDS.

## WHAT DO YOU THINK?

DON'T WRITE YOUR RESPONSES TO THESE QUESTIONS, BUT TRY TO ANSWER THEM IN YOUR MIND.

1. Are most people responsible enough to keep themselves, and any sex partner or friend, free of HIV infection?
2. Could you continue being friends with someone who has AIDS? Why?
3. Is it right to discriminate against people with AIDS?
4. What can be done to help people become more supportive of HIV/AIDS education and research and more compassionate toward persons with AIDS?

## HIV/AIDS PREVENTION SKILLS ACTIVITIES

A person needs many personal skills to avoid HIV infection. Most of these skills concern (1) knowing one's own values and standing up for them, (2) decision-making and problem-solving, and (3) good communication with others. These skills may take several years to develop. To help you become better at some of them, a few of the skills are addressed in activities below. You may want to learn more about such prevention skills from your parents, a health care counselor or teacher.

* * *

### Activity #1: Refusal Lines

Sometimes others may try to get you to have sex or use intravenous drugs against your wishes. They will try to convince you by saying certain things. It helps to resist their pressure by using a refusal line.

Create a refusal or argument line for each of the pressure statements given below. The example may help you understand the activity.

| *Pressure Line* | *Refusal Line* |
|---|---|
| 1. If you love me, you'd have sex with me. | *If you love me, you wouldn't pressure me to do something I don't want to do.* |
| 2. All of our friends are having sex. | _____ _____ _____ _____ |
| 3. We really can't get to know each other unless we have sex. | _____ _____ _____ _____ |
| 4. I'll quit dating you if we don't have sex. | _____ _____ _____ _____ |

5. Using a condom for sex is too much trouble.

6. Drugs make life more fun.

To get more relaxed using the refusal lines, practice the lines with a friend.

## Activity #2: Personal HIV/AIDS Prevention

Being responsible for prevention of HIV infection involves several aspects. This activity deals with two: (1) talking about prevention with a dating partner with whom you may have sexual contact, and (2) avoiding unwanted behavior.

PART A: TALKING ABOUT PREVENTION

1. When you are trying to talk with a dating partner about HIV/AIDS prevention, the opening line is sometimes the most difficult. Create one or two opening statements that could be used to get the talk started.

2. When talking about HIV/AIDS prevention, one might need to clearly state his or her view. That is, an assertive — not passive — statement should be made. Create one or two assertive statements concerning prevention of HIV infection with a dating partner. (Example of assertive statement: I will not have sexual intercourse. Example of passive statement: I will do whatever you say.)

3. Practice the statements from #1 and #2 with a friend.

PART B: UNWANTED BEHAVIOR

1. In what situations might unwanted sexual behavior or drug use be more likely to occur?

_____

_____

_____

_____

2. What are ways other than sexual intercourse to express love and affection?

_____

_____

_____

_____

## Activity #3: Finding HIV/AIDS Help in the Telephone Book

You may desire more information about HIV infection and AIDS. Perhaps you may need to talk with a health care counselor about whether or not to take the HIV-antibody test. Most communities have HIV/AIDS help available. But you may not know where to go or whom to call. This activity is designed to help you learn how to find such help in a telephone book.

DIRECTIONS: With one or two friends, try to locate an HIV/AIDS information or help number in the telephone book. In the space below write where you found the number. Then complete the form below and the one on the inside of this book's front cover. If you have trouble finding the number, call the local health department, crisis hotline, the National AIDS Information Line or the STD National Hotline (see inside of front cover).

_____

_____

_____

_____

## HIV/AIDS HELP SOURCES

1. _____
(name of clinic, facility, or physician)

_____
(address)

_____ _____
(hours) (phone)

2. _____
(name of clinic, facility, or physician)

_____
(address)

_____ _____
(hours) (phone)

Local AIDS Hotline _____
(telephone number)

## Activity #4: HIV/AIDS Life Situation

Practice in solving the problems in this exercise might help you deal with real-life situations. This activity requires you to use the information in this book to solve an HIV/AIDS problem for a young adult couple.

DIRECTIONS: Work out a solution to the problem situation by answering the questions below. Try solving the problem yourself before looking at the answer.

*Situation:* Kim and Michael are high school students in the same school and have dated each other for a long time. Michael uses intravenous drugs. They had too much to drink at a recent party, and afterwards had sex for the first time. Kim has heard all the news reports about the HIV problem and certainly wants to avoid infection. She is quite sure that she has *no* risk. Besides, Kim contends, teenagers do not get AIDS.

*Questions:* Is Kim correct in assuming that she has no risk of becoming infected? What information does she need to know about HIV infection, AIDS, intravenous drug use, and teenagers? Can she be completely sure that Michael is not infected? Should they be having sex?

Your Answer:

*Answers:* Kim is wrong in believing that she is not at risk for HIV infection. If Michael has HIV in his blood, she could have become infected during sexual intercourse. Women have contracted the virus from sex partners who are intravenous drug users. Even though only one percent of the AIDS cases are persons ages 5-20, many of those in the 20-29 age range who have AIDS got the virus as teenagers. Twenty-one percent of the total AIDS cases are in the 20-29 age group. Kim should not continue having sex with Michael. If Kim continues having sex with him, she should insist that he use a condom properly. She should also consider being tested for the HIV antibody and encourage Michael to consider testing too. If Kim's test results are positive, she should take precautions to avoid pregnancy because of HIV. It is safer to wait for sex until one can form a faithful marriage or a long-term faithful relationship with one uninfected partner. When deciding whether to have sex, there are many factors to consider other than HIV infection and sexually transmitted diseases. Religious teachings, personal and family values, the emotional well-being of your partner, and age, for example, are important to think about.

# GLOSSARY

**acquired immunodeficiency syndrome (AIDS)** A serious illness caused by a virus that damages the body's immune system

**amphetamines** A group of drugs that stimulate the body's central nervous system

**anonymous** A person's identity is not known

**anal intercourse** Sexual union involving the penis in the anus

**antibodies** Substances in the blood produced by the body's immune system to fight against germs

**bisexual** A person who is sexually attracted to both females and males

**blood-clotting factor** One of a number of blood proteins and other substances that act together to stop bleeding

**casual contact** Non-sexual body contact including touching, hugging, handshaking, and sitting closely together

**condom** Rubber (latex) cover used over the penis during sexual activity to prevent the exchange of semen; offers protection against HIV and other STD. Condoms made of natural materials are not recommended for HIV/AIDS prevention.

**confidential** Information is kept private

**diagnose** Recognizing a disease by its signs and symptoms (only a health care professional can diagnose AIDS)

**hemophilia** Difficulty controlling bleeding because of the lack of one factor necessary for blood clotting

**heterosexual** A person who is sexually attracted to the other sex

**homosexual** A person who is sexually attracted to someone of the same sex

**human immunodeficiency virus (HIV)** The scientific name for the AIDS virus

**illicit drugs** Illegal drugs, such as heroin

**immune system** The body system that protects a person from disease

**incubation period** The period between when a person is first infected and when symptoms appear

**infection** Contamination with germs, such as viruses and bacteria

**intravenous (IV) drugs** Drugs injected into a vein

**intravenous (IV) drug needle** A needle connected to a syringe that is used to inject drugs directly into a vein

**Kaposi's sarcoma (KS)** A form of cancer that often occurs in persons with HIV infection

**marijuana** An illegal drug in which the dried leaves of the cannabis plant are smoked

**nitrites** A stimulant drug, also known as "poppers"

**opportunistic diseases** Cancers and infections that invade a person whose immune system is weakened by, for example, HIV

**oral-anal sex** Touching a partner's anus with the mouth

**oral-genital sex** Touching a partner's genitals with the mouth. Also, commonly called "oral sex"

***Pneumocystis carinii* pneumonia (PCP)** A lung infection having symptoms similar to severe pneumonia

**prostitute** A person who receives money for having sex with someone

**recipient** A person who receives something

**rectum** The lowest part of the large intestine

**saliva** The clear liquid in the mouth, also called "spit"

**semen** The fluid that is expelled from the penis during orgasm

**sexual abstinence** Not having sex with another person

**sexual fidelity** Having sex with one person only

**sexual intercourse** Sexual union involving the penis and the vagina; the union of the penis and anus (anal intercourse) and union of the penis and mouth (oral intercourse) are considered sexual intercourse by some

**sexually transmitted diseases (STD)** Diseases most often passed from person to person during sex

**spermicides** Chemicals in contraceptive foam, cream, or jelly, for example, that kill sperm and also most bacteria and viruses

**sterile** Being clean and free of disease organisms

**symptoms** Changes in a person's health that can be seen, felt, heard, or measured in some way

**syringes** Devices used with needles to inject drugs directly under the skin or into the blood

**transfusion** The transfer of blood from one person to another

**transmitted** Passed along from one person or place to another

**urine** Liquid waste, from food, expelled from the body through the urethra

**vaccine** A liquid substance given to a person to cause immunity to an infectious disease

**vaginal fluids** Liquid from the vagina

**vaginal intercourse** Sexual union involving the penis in the vagina, commonly called "sexual intercourse"

**virus** The smallest organism that can cause disease

## HIV/AIDS SUMMARY

Infection with the human immunodeficiency virus (HIV) is one of the most serious epidemics of modern times. HIV is spreading in the United States and many other nations. One to 1.5 million persons in the U.S. already have become infected with HIV. Many of these people have developed AIDS. Over 50 percent of those with AIDS have died. No one has completely recovered from AIDS.

**WHAT AIDS IS.** The virus that causes AIDS usually weakens the immune system. The infected person may develop problems in fighting certain infections or cancers. The presence of these serious conditions in a person who is infected with HIV indicates that the person has developed AIDS. The infections or cancers, not the virus, usually kill the person. It is not known what percentage of persons infected with HIV will, in time, develop AIDS or become ill. However, the U.S. Public Health Service scientists have observed that up to 48 percent of HIV-infected persons have developed AIDS within 10 years after becoming infected. The virus can be transmitted soon after the person becomes infected. This is true even though the infected person will not usually look or feel sick for several years.

**HOW HIV IS TRANSMITTED.** HIV may be present in semen, vaginal fluids, and blood. It is transmitted by sexual contact or by sharing intravenous drug needles or syringes. The virus can also be passed from an infected woman to her child during pregnancy, delivery, or breast-feeding. Anyone — heterosexual, homosexual, or bisexual — engaging in sexual intercourse, or sharing intravenous needles or syringes with an infected person can become infected.

In the U.S., most diagnosed AIDS cases have been among male homosexuals (males who had sex with other males) and male bisexuals (males who had sex with both males and females). AIDS cases have also occurred among (1) intravenous drug users, (2) heterosexual sex partners of people with HIV infection, including intravenous drug users, bisexual men, and persons who acquired the virus through infected blood, (3) recipients of blood-clotting factors, and (4) children born to an infected mother. In Africa, most cases occur among heterosexuals.

HIV is not spread by casual, social, or family contact. A person cannot get the virus by touching or being near someone with HIV infection or AIDS.

**HOW HIV INFECTION AND AIDS ARE DIAGNOSED.** There is now a test for HIV antibodies. Positive test results mean that the person has been infected with HIV, and not that the person has AIDS. The development of certain serious illnesses indicates to physicans that a person has AIDS. The HIV-antibody test is also used to screen blood, semen, and organs. Persons who have engaged in any risky behaviors should consider taking the test. Local or state health departments provide confidential counseling and testing for all persons, including teenagers.

The incubation period for AIDS ranges from a few months to many years. Symptoms of infection with HIV may include tiredness, swollen lymph glands, fever, loss of appetite and weight, diarrhea, and night sweats. Only a physician can diagnose AIDS.

**PREVENTING HIV INFECTION AND AIDS.** Risk of HIV infection can be prevented or reduced by (1) sexual abstinence, (2) sexual fidelity, (3) using a latex condom during sexual intercourse, (4) avoiding sex with persons who may be at increased risk, (5) avoiding multiple sex partners, and (6) never sharing intravenous drug needles and syringes.

**PROMOTING HIV/AIDS PREVENTION EFFORTS.** One can help fight HIV infection and AIDS by (1) serving as a responsible role model, (2) promoting healthy peer norms, (3) correcting misinformation, (4) supporting a friend with AIDS, (5) providing support for HIV education, research, and services, (6) voicing concerns to officials, and (7) serving as an HIV/AIDS volunteer.

**KEEPING INFORMED ABOUT HIV INFECTION AND AIDS.** One can contact the local or state health department, a physician, or a local AIDS hotline for the latest information and material on HIV and AIDS. These sources can tell you the location of HIV-antibody testing, health care, and support services. Also, the National AIDS Information Line can be contacted at 1-800-342-AIDS (English-speaking), 1-800-344-SIDA (Spanish-speaking), or 1-800-AIDSTTY (hearing-impaired).

Even though there is no cure or vaccine for HIV infection or AIDS, HIV infection can be prevented. The best defense is to follow the prevention information presented here.

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